

LEAGUE NAME

TEAM NAME

COACH

PHONE #

ASST. COACH

PHONE #

Please read this form carefully and be aware that in signing up & participating in this program you be waiving and releasing all claim for injuries you might sustain arising from this program.

| NAME (please print) | ADDRESS | CITY | PHONE | SIGNATURE | AGE |
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As a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with the above named programs.

I do hereby fully release and discharge the Village of East Alton and the East Alton Parks & Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the above named program,.