



CITY of CAPE GIRARDEAU

PARKS & RECREATION DEPARTMENT

Adult League Sport: _____ Team Name: _____ Team Manager: _____ Date: _____

Athlete Name (Print)	Address	Email	Phone	18 yrs+	Signature	Date
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Participation Waiver: By your signature on this roster, you agree to participate in this recreation program / activity. I/We, fully understand the risk of personal injury due to my participating in the City of Cape Girardeau Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Cape Girardeau. In addition I hereby release the forego-ing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Cape Girardeau Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Cape Girardeau Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Cape Girardeau, and all league officials, and coaches, including but not limited to relatives of participants in the City of Cape Girardeau Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependents participation in this City of Cape Girardeau Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Cape Girardeau Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials. I/We have read the above carefully, understand it, and agree to it.

