

Please Print or Type the following information for T-Ball ages 5-7 years old (Fee \$35.00/\$25.00 2nd child)

Participant's Name _____
Date of Birth _____ Age _____ M/F _____ Shirt Size _____
Parent or Guardian _____ Scholarship(one per family): YES or NO(need form)
Physical Address _____ Fee Paid: \$35.00 or \$25.00 2nd child (circle one)
Mailing Address _____ Check # _____ Amount _____
Home Phone _____ Work Phone _____
Emergency Contact (other than above) _____ * **EMAIL:** _____

NOTE: If using a SCHOLARSHIP (one per family), the \$50.00 fee will apply to your next child. Then \$40.00 if same age group/sport.
CHECKS PAYABLE TO : Town of De Beque

BASKETBALL PARTICIPANTS WAIVER AND RELEASE OF LIABILITY: (Return to Town Hall)

I, _____, acknowledge that I have voluntarily applied to participate in the DeBeque Basketball Program in 2015.

I understand that baseball and all other hazards and exposures connected with such activities involve certain real and unpredictable risks. I have been given the chance to ask questions of appropriate Town personnel concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. I understand the risks and dangers inherent with baseball activities in which I will be participating and acknowledge that I am fully capable of participating in these activities. I am in good health with no physical defects that would prevent me from engaging in these activities. I willingly assume the risk of injury as my sole responsibility.

I understand and agree that any bodily injury, death, damage, or loss of personal property and expenses as a result of my negligence or the negligence of the Town are my responsibility. As lawful consideration for being permitted to participate in the baseball program I **release from any legal liability and agree not to sue, claim against the property of, or prosecute, and to indemnify and hold harmless, the Town of DeBeque and all of its officers, agents and employees, coaches, umpires, and other players for any and all liability, injury or death caused by or resulting from my voluntary participation in the baseball program whether or not such liability, injury or death was caused by their negligence, my negligence or any other cause.**

In addition, I authorize any medical treatment deemed necessary or appropriate by the instructor, any emergency technician, nurse or physician in case of illness or injury while participating in the baseball program. I understand that this permit is to prevent undue delay and assure prompt treatment, Participants involved in the baseball program may be photographed and such photographs may be used to publicize city activities. De Beque recreation is NOT responsible for any personal items left or stolen at the ball field etc.

This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this Release and fully understand its contents. I am aware that I am releasing legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THE RELEASE IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR DO NOT AGREE WITH ANY OF IT'S TERMS.

Date

Signature of Participant

Date

Signature of Parent or Guardian

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT AND I HEREBY CONSENT TO THE ABOVE WAIVER AND RELEASE OF LIABILITY ON BEHALF OF MY CHILD IN ACCORDANCE WITH COLORADO LAW.

Date

Signature of Parent or Guardian