

CITY OF PRESCOTT PARKS AND RECREATION DEPARTMENT-ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this recreational activity may be an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, conditions of equipment, vehicular traffic, water conditions, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event at the level of my registration and have not been advised other wise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the City of Prescott, and the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: **City of Prescott and Arizona ASA** and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. This release and hold harmless includes death, injury or damage to property caused or alleged to be caused in whole or in part by the negligence of the City or its employees or agents or otherwise.

I hereby consent to receive and assume responsibility for all costs related to any medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

MANAGER/COACH: All players must complete all information and sign the roster before they participate in a game. Any player under 18 years of age must have a parent or guardian complete the separate accident waiver and release of liability form available at the Recreation Office. Please have every player read the accident waiver & release of liability information before signing the roster on the reverse side. This original form will be kept in the Recreation Services office. Should you desire a copy you may stop by the office at 824 E. Gurley St. and pick one up 8am-5pm weekdays.

TEAM NAME: _____

SPORT: _____ **SEASON/YEAR:** _____

DIVISION (Men’s, Women’s Coed): _____ **LEVEL OF PLAY:** _____

DAY(S)/ NIGHT(S) OF PLAY: _____

I hereby acknowledge that the following information is correct and that I am responsible for presenting this information to the field/gym supervisor of the program listed above. As the team manager/coach, I verify that the players’ names, addresses and phone numbers have been signed by each individual player and players have had the opportunity to read this document.

MANAGER’S SIGNATURE: _____ **DATE:** _____

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20__ ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

YEAR

TEAM NAME

CITY & STATE

Division & Classification of Play

- 1) Each player should read the statement on opposite side before completing and signing this roster
- 2) Parents/Guardians signature should be on the same numbered line below as the player's name.
- 3) Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code.

Note: Team accident insurance is not provided for the participants of the league. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

*By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side

PLAYER (Please Print or Type)	Date of Birth	Player or Parent/Guardian Signature	Bonafide Residence (Street, City, State, Zip)	INITIALS
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				