

Town of Clay Recreation and Human Resource – Adult Permission Waiver

I understand participation in (name of event) Adult Basketball or Adult Coed Volleyball Leagues involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Name of Team) _____ on this (Date) _____, 2003-2004 does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in (name of event) Adult Basketball or Adult Coed Volleyball during (dates) _____, 2003-2004.

Pictures and other materials, which include me, may be used for Town of Clay promotional purposes.

There is no medical insurance carried by the Town of Clay for program participants.

Check/Money Order #: _____ Cash Receipt #: _____ Amount Paid: \$ _____

1. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

2. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

3. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

4. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

5. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

6. Name: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____