

# GORHAM PARKS & RECREATION DEPARTMENT

## 2016 - ADULT COED SOFTBALL

### EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

(for participants 16-17 years old who wish to play in the league)

As the parent/guardian of the candidate named below, I hereby give my approval for his/her participation in the Gorham Parks & Recreation Departments Adult Coed Softball League. I also understand the following;

\*\* I am aware of the hazards of the activity/sport and the risk of injury in this athletic program. I certify that he/she is in good physical condition and is able to safely participate in this physical activity/sport.

\*\* I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to said participant or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

\*\* In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment.

Team Name: \_\_\_\_\_  
*Print Name*

Participant: \_\_\_\_\_  
*Print Name*

Parent / Guardian: \_\_\_\_\_  
*Print Name*

Parent / Guardian: \_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/2016  
*Date*

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