



SPRING 2011
FOOTHILLS ADAPTIVE BASEBALL
CHILD PLAYER REGISTRATION RELEASE FORM

Player's Name _____

In consideration for Foothills Park & Recreation District (FHPRD) providing the opportunity for my child player to participate in Foothills Adaptive Baseball (FAB) and participate in awareness campaigns, fund raising events and other activities for FAB and Sports Made Possible (SMP) (collectively, "League Activities"), the undersigned does hereby release and agree to indemnify and hold harmless FHPRD and SMP, their officers, directors, employees, agents and independent contractors from any and all claims for personal injury, death, property damage (including but not limited to attorney's fees or litigation expenses) resulting from my child player's participation in league activities. The undersigned also acknowledge, understand and recognize that there are inherent risks involved with League Activities. These risks may involve serious physical injury including catastrophic injury or even death.

I/We also grant to SMP the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of my child player, made in any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FHPRD from any liability by virtue of such use, reproduction and/or publication. I/We consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

I/We agree to be present at all games and League Activities so that I/We can manage our child player's specific needs. I/We agree to have any and all medications (prescription and nonprescription) for my child player and shall be solely responsible for dispensing any such medication to my child player. I/We assume all risks and hazards incidental to such participation in FAB games and League Activities, and also consent for my child player to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child player suffers an injury during games and activities.

I/We agree to provide complete information about my child player so that reasonable support may be provided by volunteers and/or FHPRD to my child player during games and League Activities.

I/we the undersigned represent that I/we have the full authority to provide this release and indemnification on behalf of my child player for all participation in League Activities.

Parent/Guardian Name(s) (Print)

Parent/Guardian Name(s) (Print)

X _____
Parent/Guardian Signature(s)

X _____
Parent/Guardian Signature(s)

Date Signed

Date Signed

E-Mail Address

E-Mail Address