

CITY OF GREENVILLE PARKS & RECREATION

~~Adult~~ Program Waiver

Name: _____ Date of Birth: _____

Program Name: Upstate DG Club - 2017 Tuesday League Today's Date: _____

Gender: M or F Team Name (if applicable): _____

Phone Number: _____ Email: _____

Address: _____

In case of emergency call: _____ Phone number: _____

Medical Conditions and/or Allergies: _____

The City of Greenville, upon payment of the required participation fee, is sponsoring a recreation program. Please be informed that a recreation program by nature is not without risk. The same elements that contribute to the unique character of a recreation program, such as exposing oneself to the natural elements, accidental injury to participants, illness, or in extreme cases, permanent trauma or death. We don't want to frighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of the various possibilities. We ask that you read this thoroughly and sign it. If you have questions regarding anything, please do not hesitate to ask us about it.

ACKNOWLEDGMENT OF RISK

I hereby certify that I am in good physical condition, and are fully capable of participating in this program. Therefore, I herein acknowledge that I have read the above statement on the risks involved in this activity, and willingly assume full responsibility for myself for expenses, loss of personal property, bodily injury and/or death arising out of, or in any way connected with, the program.

WAIVER AND RELEASE

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF GREENVILLE, ITS EMPLOYEES, OFFICERS, AGENTS AND/OR CONTRACTORS FOR AND AGAINST ANY AND ALL DAMAGES, LOSSES, SUITS, LIABILITY AND/OR CAUSES OF ACTION RESULTING FROM PROPERTY DAMAGE, AND/OR FROM PERSONAL INJURY, INCLUDING DEATH, OF MYSELF ARISING OUT OF OR IN ANY WAY CONNECTED WITH OUR PARTICIPATION IN THIS PROGRAM, EXCEPT TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY OF GREENVILLE, AND COVENANT NOT TO SUE OR TAKE ACTION AGAINST THE CITY OF GREENVILLE, ITS EMPLOYEES, OFFICERS, AGENTS AND/OR CONTRACTORS EXCEPT AS SET OUT HEREIN.

AUTHORIZATION FOR TREATMENT OR EMERGENCY CARE: I hereby give permission to the medical personnel selected by The City of Greenville to order X-rays, routine tests, treatment, and necessary transportation for me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by City personnel to secure and administer treatment, including hospitalization, for the person named above. The completed forms will be photocopied.

It is understood and agreed that the City of Greenville reserves the right to refuse participation in this recreation program to anyone it determines unsuitable.

In consideration of the right to participate in this program I, _____, for myself who will participate in the program, as listed below do agree to be bound by all of the foregoing.

Participant's Signature

Date



Parent/Guardian's Signature

Parent/Guardian's Printed Name

Relationship to Participant