

I, the undersigned, agree that the above named team will abide by all the rules as outlined in the by-laws

governing the _____ **LEAGUE**, and all other rules and regulations of City of Oxford Parks & Recreation Department and, that by their signature, the above named players also understand and agree to abide to league and Park rules. In consideration of my participation as a participant or volunteer for events and activities organized by or through City of Oxford Parks and Recreation, I hereby agree for myself, my heirs, executors and administrators to assume all risks incidental to such participation including transportation to and from the activities; and do hereby release and agree to hold harmless, City of Oxford Parks and Recreation, its officers, directors, organizers, sponsors, supervisors, EMS, coaches participants and persons from any claim arising out of injury. I further agree to forever discharge the aforementioned parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in such activity. I further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses. I fully understand that this release and indemnification agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (which may include, among other things, muscle injuries, broken bones or death) and property damage suffered by me or my child, before, during or after such participation. I declare I am physically fit and has the skill level required to participate in these activities.

I also grant permission to supervising, managing personnel or other City of Oxford Parks and Recreation representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I become ill or injured while participating in activities when I am unable to grant authorization for emergency treatment which treatment shall be at my expense.

This form shall be considered valid until cancelled or changed in writing by the undersigned.

Signature of Team Manager

Date

For Staff Use Only

Fee Collected: Amount _____ Check # _____ Cash _____ Credit # _____ Receipt # _____