

## City of Austin Parks and Recreation Athletics Participant's Release and Waiver of Liability

Participant's Name:		
Date of Birth:		
Team Name:		
Manager Name:		
Sport:		
League, the right to i	do hereby voluntarily submit my application to compete eing allowed to participate in any City of Austin Parks and Recreation Athletics Adult Sports record, broadcast and otherwise exploit in any and all media throughout the world my competition and to use my name, likeness, voice and biographical information concerning me	
and my heirs, executivation waiver all claims against sports League, the state venue owner (the successors and assist from and against any demands arising out or loss of, damage to personal injuries of locity of Austin Parks of I am fully at physically fit to compand disciplined fashing	Il risks associated with my participation in the competition and I do hereby, on behalf of mysetors, administrators, successors and assigns, in consideration of being allowed to participate ainst and release and agree to hold harmless City of Austin Parks and Recreation Athletics Asponsors of the City of Austin Parks and Recreation Athletics Adult Sports League. Competite e Owner) and the host city (the Host), and their respective directors, officers, agents, employ gns, and all those in any way connected with the running and management of the Competition and all damages, liabilities, actions, causes of actions, losses, costs, and expenses, claims of or in connection with my participation, including without limitation, death, any personal injuty or loss of use of property, which I may incur as a result of my participation, including any decoss of, damage to or loss of use of property which may be the result of negligence on the parand Recreation a Sponsor, an Owner and/or the Host.  Ware of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition, and hereby acknowledge that I am one of my personal physical and medical condition.	e, adult ion, rees, on, s and uries eath, rt of
Participant's Signatu	ire and Date:	
Parent/Guardian's S	ignature and Date:	
Restrictions and/or li	imitations:	
Emergency Phone #	±	