



## City of Puyallup Parks & Recreation

### Participation Assumption of Risk, Waiver, and Release



League/Division: \_\_\_\_\_

Team Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\*All players must be listed on this form or all games could be declared a forfeit\*\*\***

I/we am/are the parent(s) or legal guardian of a child listed below, who desires to be a participant in the City of Puyallup sponsored recreational activity of winter select basketball league. It is important to me/us that this child be allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of city facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Puyallup, its officials, employees, its hired or contracted instructors and any other agents or organizations including the Puyallup School District and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

Players Name (Printed)	Parent(s) Name	Parent Signature	Address	School	Grade	Shirt Size

**ACKNOWLEDGEMENT OF COVID-19 EXPOSURE RISK:** I acknowledge that participation in this City of Puyallup winter select basketball league may result in exposure to COVID-19 (novel coronavirus) and other contagious diseases and that the risk of exposure cannot be entirely eliminated. I accept that participation in this program may expose me, my children or family members to COVID-19 or other contagious diseases. I understand that the program may institute reasonable screening measures such as self-checks and temperature checks to reduce the risk of exposure to COVID-19 and other communicable diseases and agree to abide by those procedures. I further understand that any program participant may be excluded from the program at the sole discretion of City staff, if they exhibit an elevated temperature, other signs of obvious illness, or repeatedly fail to follow social distancing rules. I will explain these rules to my child, as requested. I understand that the program operations may be closed or limited on short notice, based on the guidance of state and local health authorities.

