City of Puyallup Parks & Recreation

Participation Assumption of Risk, Waiver, and Release

Team Name: _____ Sport: _____ Division_____

Coach's Name:_____ Phone:_____ Resident Team ____ Non-Resident Team____

*****All players must sign this form to be eligible to participate*****

"I am eighteen years of age or older, fully competent and I desire to participate in the City of Puyallup's sponsored recreation activity. I am fully aware of the fact that 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 that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities and/or use of City facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Puyallup, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity."

ACKNOWLEDGEMENT OF COVID-19 EXPOSURE RISK: I acknowledge that participation in this City of Puyallup program 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, return to play guidelines and/or safety measures.

Players Name (Printed)	Signature	Address	City	Zip	Phone