

Centralia Parks & Recreation • Chehalis Parks & Recreation  
CHURCH COED SOFTBALL MINOR RELEASE FORM

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

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Activity/Program: 2016 CHURCH COED SOFTBALL LEAGUE

I, the parent/legal guardian of the above named minor, acknowledge, agree and understand that:

I voluntarily and of my own free will, allow the above named minor to participate in the activity/program mentioned above.

I understand that there are certain risks and hazards involved in participating in athletic activities that may result in injury or death to my child or his/her teammates.

I realize no insurance is provided for the participant and will assume financial responsibility for any cost relating to any accident or injury that might occur while he/she is participating in the above mentioned activity.

The Cities of Centralia and Chehalis have requested me to have my child receive a complete physical examination by a physician prior to participating in the scheduled activity/program, but in lieu thereof, realizing that the Cities will rely on this statement in allowing my child to take part in said activity/program, I hereby state that my child's physical condition is unimpaired and will not be impaired in any way by the rigors of said activity/program.

I release, discharge and agree to save and hold harmless the City of Centralia, the City of Chehalis, the team, officials, facility owners, their employees, volunteers, or agents from any liability, damages, claims or expenses relating in any way to the participation in such activity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

