

**GENERAL RELEASE AND AGREEMENT TO PARTICIPATE
EASTMONT METROPOLITAN PARKS AND RECREATION**

I am aware that participating in Eastmont Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Eastmont Parks and Recreation activities include, but are not limited to potential injury to the muscular-skeletal system as well as potential injury or impairment to other aspects of my body, general health and well being, and the cardio-vascular system. Eastmont Parks and Recreation participation can result in joint related injuries, broken bones, cuts, bruises, dislocations, head-neck-and-back related injuries, etc. My team captain or manager has explained specific hazards for each Eastmont Parks and Recreation activity in which I am participating, to me.

In consideration for being permitted to participate in Eastmont Parks and Recreation activities, I hereby voluntarily assume all risks of bodily injury or property damage associated with participation and agree to release and discharge the State of Washington, Eastmont Parks and Recreation, its employees, Douglas County CCA, Wenatchee #246 and East Wenatchee #206 School Districts from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any Eastmont Parks and Recreation activities except those which are caused solely by negligence of Release.

Further, I am in good health, and I know of no medical reason why I am not able to participate in Eastmont Parks and Recreation activities. Additionally, if I have an existing medical condition, I will obtain a release from my doctor to participate in Eastmont Parks and Recreation activities and I will present this release to the Recreation Supervisor of Eastmont Parks and Recreation located at 255 N. Georgia Ave., prior to any participation in a Eastmont Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Eastmont Parks and Recreation and their designated officials.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I sustain while participating in Eastmont Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Eastmont Parks and Recreation activity and to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating or practicing in any Eastmont Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this General Release and Agreement to Participate shall continue in full force and effect.

I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this General Release and Agreement to Participate as my own free act

PLEASE TURN OVER

**Eastmont Parks and Recreation
2010 COED KICKBALL LEAGUE ROSTER**

Team Name _____

Manager's Name _____ Manager's Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

Asst. Manager's Name _____ Asst. Manager's Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

(Signature on roster indicates that player has read and understood the General Release and Agreement to participate and the league rules. Must be at least 16.)

Team Manager:	<i>Player Name</i>	<i>Phone #</i>	<i>Address</i>	<i>Signature</i> <small>(Guardian Signature if under 18)</small>	<i>Date</i>
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PLEASE TURN OVER