



## City of Newport News Adult Sports Waiver Form

The following information must be submitted to the Athletic Office prior to participation in any Adult Sports Program administered by Newport News Parks, Recreation and Tourism. The information provided on this page will be used for verification of eligibility and emergency notification purposes only. This information may be kept on file for up to one year after completion of the program. Please print all information neatly.

<b>Team Name:</b>			
<b>Player Name:</b>			
<b>Age:</b>		<b>DOB:</b> /    /	<b>Male</b> <b>Female</b>
<b>Address:</b>			
<b>Email Address:</b>			
<b>Contact Phone Number:</b>			
<b>Emergency Contact Name &amp; Number:</b>			

**IMPORTANT:** Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in any activity sponsored by Newport News Parks and Recreation, I acknowledge and consent to the program policies listed here as indicated by my signature below:

**a. Acknowledgement and Assumption of all Inherent Risk:** I recognize and acknowledge that certain inherent risks of physical injury exists and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this registration form.

**b. Indemnity:** I hereby do fully release, absolve, indemnify, and hold harmless the City of Newport News, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by Newport News Parks and Recreation.

**c. Medical Care:** I authorize the City of Newport News, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

**d. Authorized Media Release:** I understand that the registered individual(s) on this Form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media and official City of Newport News publicity (including government cable channels, government internet Web sites, publications, displays, and presentations).

I have read the Rules and Regulations (by-laws) set forth and agree to abide by them and all other decisions made by the Division of Parks and Recreation regarding this league; **I understand alcohol is not to be consumed on city property, including school or park grounds and I realize there is no smoking, vaping or tobacco products allowed at the Stoney Run Athletic Complex or any recreation facilities or field. Violation of either alcohol or no smoking rules will result in player ejection from game(s) and possible suspension for the remainder of the season.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_