



ALL PAYMENTS MUST BE PAID AT CITY HALL
WITH CASH OR CHECK ONLY

Recreation Department Parental Authorization Form

(Type or Print Legibly)

Date _____
Activity _____

Child's First Name: _____ Middle Name: _____ Last Name: _____
(PLEASE CIRCLE THE NAME HE/SHE WANTS TO BE CALLED)

Physical Address _____ City _____ St _____ Zip Code _____

Mailing Address _____ City _____ St _____ Zip Code _____

Are you a resident of the city limits? Yes _____ No _____

Phone #'s: Cell (____) _____ Home (____) _____ Email _____

League Age _____ Date of Birth: _____ Birth Certificate On File: YES NO
[Month/Day/Year]

Circle Shirt Size: (Youth) small medium large
(Adult) small medium large X-large 2X-large 3X-large

The Westminster Recreation Department requires that each participant is covered with an insurance program. If you have insurance please provide the following information for our records. If you do not have insurance, you can purchase our insurance for \$10 per year.

Insurance Agency: _____ Policy#: _____

IMPORTANT

One of the best ways to promote the City's programs is through photographs, artwork, and testimonials of its program participants. These may be used on the City's website and other promotional outlets and social media sites including Facebook.

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the Westminster Recreation Department, its affiliated organizations and sponsors. In consideration of the player's participation in the programs intending to be legally bound, hereby release and indemnify the Westminster Recreation Department, City of Westminster, its employees, its volunteers, and its Council, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. I hereby authorize the City of Westminster the right and permission to use, publish, reproduce sell, copyright, exhibit, broadcast, store and/or distribute photographs/film/video tapes/electronic representations and/or sound recordings made and I hereby release the City of Westminster from any and all liability from such use and publication and I specifically waive any right to any compensation I may have for any of the foregoing.

Name: _____
Print Name of Parent/Guardian

Signature: _____
Signature of Parent/Legal Guardian

BELOW IS FOR OFFICE USE ONLY

Amount Paid _____ (NON REFUNDABLE WITH THE EXCEPTION OF FOOTBALL DEPOSIT)

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **the Westminster Recreation Department and the City of Westminster** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____