



## Town of Apple Valley Recreation Department

### *High School Dodgeball Tournament Participant Agreement*

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

School: \_\_\_\_\_

Program/Event: **High School Dodgeball Tournament**  
**Saturday, April 8th, 2017**

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participants injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I assume all responsibility of mental and physical fitness to participate in the Town of Apple Valley High School Dodgeball Tournament and agree to abide by all rules and requirements of the program. I also grant permission to the Town of Apple Valley and their agents to use any photographs, motion pictures, video or other record of this program for any purpose.

I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to either personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS WHICH I MAY BE ENTITLED TO.**

PARENT/LEGAL GUARDIAN(PLEASE PRINT CLEARLY) \_\_\_\_\_  
(IF UNDER THE AGE OF 18)

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

***Thank you for your participation!***