

PLAYER'S RELEASE

This is to certify that I, parent or guardian of

(insert player's name) _____,

a player in the Carter Lake Park & Recreation League, hereby grant permission to the adult coach, assistant coach, manager, trainer of the team or a league official to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

We do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Carter Lake, it's Park & Recreation Dept., the organizers, supervisors, Directors, participants, officials, game fields, employees, and persons transporting to and from any league activities, for any and all claims arising out of an injury to this player.

PLEASE PRINT YOUR NAME: _____

YOUR SIGNATURE: _____ DATE: _____

RELATIONSHIP TO PLAYER: _____

PHONE NUMBER: Best Number to contact you: (_____) _____

SECONDARY NUMBERS:

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____