

14								Y / N
15								Y / N
16								Y / N
17								Y / N
18								Y / N

Liability Waiver

I/we hereby release and forever discharge the City of Buckeye, an Arizona municipal corporation, its elected and appointed officials, directors, officers agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind of character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye Recreation Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we convenient to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the Town of Buckeye or its officers, employees, or agents.

Photography Release: By signing this registration form, I permit the Recreation Department to use and publish photographs of me for purpose of presenting recreation activities to the community and promote Community Services Department to prospective clients and/or participants. I also give permission to release such photographs to the media in support of our programs.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE. ROSTER VERIFICATION: I verify that names, addresses, and phone numbers are correct and all players are eligible to participate according to the rules and regulations set forth by the City of Buckeye Community Services Department. I understand that I am responsible for the players on my team and will uphold the rules and regulations and will be held responsible for any damages and cleanup necessary at the facilities we occupy. I understand each participant involved in sporting events, plays at his/her own risk and is responsible for his/her own health insurance coverage. In addition, I understand that any false information will result in my and/or the team's suspension from this activity.

MANAGER SIGNATURE _____ **DATE** _____

For office use only

RESIDENT TEAM NON-RESIDENT TEAM

% OF RESIDENTS: _____
60% must be Buckeye residents

RETURNING TEAM NEW TEAM

% OF RETURNING PLAYERS: _____
80% must be on previous season roster