

GENERAL RELEASE AND AGREEMENT TO PARTICIPATE CITY OF MOSCOW & PULLMAN PARKS AND RECREATION

I am aware that participating in Pullman and/or Moscow Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Pullman and/or Moscow Parks and Recreation activities include, but are not limited to potential injury to the muscular-skeletal system as well as potential injury or impairment to other aspects of my body, general health and well being, and the cardiovascular system. Pullman and/or Moscow Parks and Recreation participation can result in joint related injuries, broken bones, cuts, bruises, dislocations, head-neck-and-back related injuries, etc. My team captain or manager has explained specific hazards for each Pullman and/or Moscow Parks and Recreation activity in which I am participating, to me.

In consideration for being permitted to participate in Pullman and/or Moscow Parks and Recreation activities, I hereby voluntarily assume all risks of bodily injury or property damage associated with participation and agree to release and discharge the State of Washington, the City of Pullman, State of Idaho, the City of Moscow, Washington State University, their agents, servants and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any Pullman and/or Moscow Parks and Recreation activities except those which are caused solely by negligence of Releasee.

Further, I am in good health, and I know of no medical reason why I am not able to participate in Pullman and/or Moscow Parks and Recreation activities. Additionally, if I have an existing medical condition, I will obtain a release from my doctor to participate in Pullman and/or Moscow Parks and Recreation activities and I will present this release to participate to the Recreation Superintendent of Pullman Parks and Recreation located at the Pioneer Center, 240 SE Dexter and/or Moscow Parks and Recreation, Recreation Supervisor located in the Hamilton Indoor Recreation Center prior to any participation in a Pullman and/or Moscow Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Pullman Parks and Recreation and the City of Pullman, Moscow Parks and Recreation and the City of Moscow and/or Washington State University and their designated officials.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in Pullman and/or Moscow Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Pullman and/or Moscow Parks and Recreation activity and to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating or practicing in any Pullman and/or Moscow Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Idaho and State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this General Release and Agreement to Participate shall continue in full force and effect.

I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this General Release and Agreement to Participate as my own free act.

PLEASE TURN OVER

Pullman/Moscow Parks & Recreation 2012 ADULT SOCCER LEAGUE ROSTER

TEAM NAME: _____

Division (Please Circle One): "A" "B" "C"

MANAGER'S NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

ASST. MANAGER: _____

EMAIL: _____

PHONE #'s _____

<i>Player Name</i> (Print Legible)	<i>Age</i>	<i>Signature *</i> <i>*Under 18, Guardian Sig.</i>	<i>Phone #</i>	<i>Email Address</i>
TEAM MANAGER:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

(Signature on roster indicates that player has read and understood indemnity agreement and rules)