

**MINOR PARTICIPANT IN ADULT SOFTBALL LEAGUE
WAIVER AND RELEASE OF CLAIMS AND ASSUMPTION OF RISK**

I, _____ (Print name of parent or guardian), for myself and for my minor child/ward _____ (Print name of child/ward), our respective heirs, executors, administrators, and assigns, in consideration for allowing said minor child/ward to participate in the City of Greenwood, Indiana Park and Recreation Department (“Department”) Adult Softball League, do hereby RELEASE and forever DISCHARGE the Department, the City of Greenwood, Indiana (“City”), their respective agents, officials, officers, and employees, from any and all claims for relief, demands, losses, damages, liabilities, fines, charges, penalties, administrative and judicial proceedings, orders, judgments and all costs and expenses of any kind whatsoever incurred therewith, including attorneys’ fees and costs of defense against the Department, the City, and/or their respective agents, officers, officials, and employees for any and all injury, illness, damages or loss of whatever nature and kind, sustained directly, caused by, or which may arise, from my minor child’s/ward’s participation in the Department’s Adult Softball League. I further agree to protect the Department and/or the City and their respective agents, officials, officers and employees, from any damages incurred by way of claim, demand or judgment and agree to reimburse the Department and/or City for any loss, damage or cost incurred. I, for myself and for my minor child/ward, hereby release, hold harmless, promise not to sue and waive any claim accrued to me or my minor child/ward against the Department, the City, their respective agents, officials, officers, and employees, for any and all injury, loss or damage of whatever nature and kind sustained by me, or by my minor child/ward, for whatever cause, including but not limited to, breach of contract, negligence in supervision, negligence in maintenance of premises, or wrongful conduct, of the parties hereby released, arising from or related to the Department’s Adult Softball League.

I agree that I and my minor child/ward shall abide by all the rules and regulations pertaining to the Adult Softball League as may be designated by the Department, its agents, officials, officers or employees. I acknowledge that I understand that there is inherent risk and danger involved in my minor child’s/ward’s participation in the Adult Softball League, and I voluntarily assume the risk of the possibility of danger or injury to my minor child’s/ward’s person or my minor child’s/ward’s personal property resulting from my minor child’s/ward/s participation in the Adult Softball League.

I state and represent that there is no medical reason why my minor child/ward cannot or should not participate in the Adult Softball League. I acknowledge that I have read the foregoing, understand its terms and meaning, and have made diligent inquiry concerning any questions about this document that I may have had. I further attest that I have read the foregoing to my minor child/ward. I, the parent/guardian of the above named minor child/ward, hereby approve his/her participation in the Department’s Adult Softball League.

I affirm under the penalties for perjury that I am at least eighteen (18) years of age or older, that I am the parent or legal guardian of the above-referenced minor child/ward, that I have executed the above and foregoing Minor Participant in Adult Softball League Waiver and Release of Claims and Assumption of Risk for myself and for my minor child/ward, and the representations contained therein are true and accurate to the best of my knowledge and belief this ____ day of _____, 20__.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Medical History Information

Child's Full Name: _____

Child's Date of Birth: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Please list any and all of the child's medical or chronic conditions, if any:

Please list any and all of the child's allergies, if any:

Please list any and all medications that the child is currently taking, if any:

Please list any additional health care information the City should be aware of regarding your child:

Emergency Care Plan

If your child has a chronic medical condition, asthma, or allergy, please answer the following questions:

Triggers that may cause the problem:

Signs or symptoms to watch for:

Action steps staff should follow:

When to call parents/physician:

Any additional information that may be helpful to staff:

Medical Treatment Authorization Form

Child's Full Name: _____

Child's Date of Birth: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Insurance Company: _____

Group No.: _____ I.D. No.: _____

If reasonable attempts to contact me have been unsuccessful, the undersigned parent/legal guardian, of the above minor hereby give permission to City personnel to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, dental procedures, surgery, and general anesthesia, so long as the care is provided by medical professionals or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the City to secure and administer treatment, including hospitalization, for the child named above. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of the City, or any of its agents, volunteers, or employees.

Signature: _____ Date: _____