

MANAGER INFORMATION Is manager also a player?: Yes No

Print Name: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

Liability Release Option (select one; see below): A B Agree to Use of Images? Yes No

Manager Signature: _____ Date: _____

TEAM INFORMATION Team Name: _____

Select One: Basketball Kickball Sand Volleyball Volleyball Pickleball Softball
 Fall SB Suppl. Bat Leag. Is this a COED team? Yes No Night of Play: _____

Has this team played under any other name? List names: _____

Team requests: _____

Team Sponsor: _____ Amount: _____ Cash CC Check # _____

RELEASE OF LIABILITY

The undersigned acknowledges that participation is not related to, arising from, or incidental to employment with the City for any purpose, and further hereby agree(s) to indemnify, defend and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, death, property damage or theft of personal belongings sustained by the undersigned: **1)** arising out of the undersigned's participation in the team sport activities; **2)** arising out of the acts or omissions of third-parties; **3)** arising out of the acts or omissions of City of Racine; and **4)** without regard to whose negligence caused the costs, damages, expenses or liability.

It is understood that the undersigned may be exposed to: **1)** adverse weather conditions and is solely responsible for appropriate clothing; **2)** regulation and non-regulation balls and equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive players and body contact between players that may or may not be within the rules of conduct of the sport; **4)** moving balls, equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains and strains, and stress to the nervous system, skeletal system, circulatory system and respiratory system; and **5)** name calling and abuse from fans/spectators, other players and coaches; and **6)** facilities, vehicles, equipment and devices that are subject to "wear and tear" malfunctions or design problems.

It is further understood that this sport is not monitored or controlled by professionals; balls, equipment and devices used in this sport or objects thrown by spectators may cause injuries to participants; and some activities carry inherent risk of bodily injuries, death or property damage. I acknowledge that it is recommended that I consult a healthcare professional before starting this, or any, sports program. Participation in this sport or any activity is at the undersigned's own risk.

My concerns, conflicts or disagreements with the terms of this Release have been addressed to the Director of the Parks Dept before signing this Release. No terms or conditions are applicable that do not appear on this form.

I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. I freely choose either Option A or Option B:

- A. Pay an extra \$500, and not sign the Release**
- B. Pay nothing extra, and sign the Release of my own free will**

USE OF IMAGES & LIKENESS

The undersigned, an adult resident of the State of Wisconsin, hereby agrees that the City of Racine, its departments, officers, agents, and employees may take and use photographs of myself, or my minor children, during my visits to a Parks Department facility.

I hereby acknowledge that the City will use any and all photographs for promotional purposes, and that I shall not receive any monetary compensation or other consideration in exchange for the use of said photographs. Further, I acknowledge that all photographs are the property of the City of Racine.

PLAYER INFORMATION
See section to the left for information about Liability Release Options and Use of Images Agreement

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____

Print Name: _____ D.O.B: _____

Email Address: _____ Phone: _____

Liability Release Option (select one): A B Agree to Use of Images? Yes No

Player Signature: _____ Date: _____



Registration accepted at:
 PRCS Office (262) 636-9131
 800 Center Street, Room 127, Racine WI 53404
 Or can be emailed to prcs@cityofracine.org
 Monday-Friday 8:00 a.m. - 4:30 p.m.



STAFF ONLY

Initials: _____ HH#: _____ Cash \$ _____ Check # _____ Name: _____ \$ _____

Players: _____ Rcpt #: _____ CC \$ _____ Check # _____ Name: _____ \$ _____