



Adult Basketball League Waiver Form

I AM 18 YEARS OR OVER, AND DESIRE TO PARTICIPATE IN THE FARMVILLE RECREATION DEPARTMENT ADULT BASKETBALL LEAGUE.

I AM AWARE THAT THIS ACTIVITY IS POTENTIALLY STRENUOUS AND DANGEROUS. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF LOSS OR INJURY.

Initial Here: _____

IN RETURN FOR THE BENEFITS I WILL RECEIVE FROM PARTICIPATION, I AGREE NOT TO SUE AND HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE TOWN OF FARMVILLE, ITS EMPLOYEES, ITS AGENTS, AND ANY VOLUNTEERS WORKING WITH THE TOWN FOR AND FROM LIABILITY AND RESPONSIBILITY FOR ANY LOSS OR INJURY CONNECTED WITH MY PARTICIPATION.

THIS RELEASE IS INTENDED TO PROTECT THE TOWN OF FARMVILLE, ITS EMPLOYEES, ITS AGENTS, AND ANY VOLUNTEERS WORKING WITH THE TOWN FROM CLAIMS OF NEGLIGENCE (THE FAILURE TO USE REASONABLE CARE). HOWEVER, IT IS NOT INTENDED TO EXEMPT THEM FROM RESPONSIBILITY FOR THEIR WILLFUL OR INTENTIONAL INJURY TO THE PERSON OR PROPERTY OF ANOTHER.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT, AND ASSUMPTION OF RISK AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE TOWN OF FARMVILLE AND MYSELF. I FURTHER UNDERSTAND THAT THIS RELEASE IS BINDING ON MY HEIRS OR ANYONE MAKING A CLAIM. I SIGN OF MY OWN FREE WILL. I AGREE ANY PICTURES TAKEN MAY BE USED FOR FUTURE PROMOTIONS FOR THE TOWN.

Signature of Participant

Print Name

Date

Team Name