Co-ed Adult Softball 2009

Please Print Participant Name _____

Waiver: We understand that there are risks in participating in this activity including physical injuries. We realize insurance coverage is not provided for the participant, and we will assume financial responsibility for any cost relating to any accident or injury that might occur while participation in the above name programs. I will not hold San Juan Island Park and Recreation District, San Juan School District, employee/volunteers or anyone in named programs responsible for any accident or injury that might occur. I have read and fully understand the above program details and waiver/release of all claims.

_____ _____

Signature of Participant (or parent /guardian if participant is under 18) **Date**

Mailing Address_____

Telephone_____ **email address**_____

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