



City of Holly Springs

Adult Basketball Waiver Form

Parks and Recreation Department

All team rosters MUST be submitted by March 3rd.

All players' waivers MUST be submitted prior to first game.

Call Gary Hayes, Director, at 662-544-6161 or Sanchez Blake, Asst Director, at 662-544-6163
for any questions or additional information.

Individual Information

Name: _____

Gender: Male Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Emergency Contact: _____ at (_____) _____ - _____

Consent and Liability Waiver- Release of all claims (must be signed to participate)

As lawful consideration for being permitted to participate in the Holly Springs adult basketball league, I agree that I will not make a claim against, sue, attack the property of or prosecute the City of Holly Springs, Holly Springs Parks and Recreation Department and their agents, sponsors, employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in these sporting activities. This release is intended to discharge in advance City of Holly Springs, Holly Springs Parks and Recreation Department and their agents, sponsors, employees from and against any and all liability, including negligent actions, arising out of or connected in any way with my participation in the sports league except for liability that may arise out of the willful or wanton misconduct. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS CITY OF HOLLY SPRINGS, HOLLY SPRINGS PARKS AND RECREATION DEPARTMENT AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am seventeen (17) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the sports league.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND CITY OF HOLLY SPRINGS, HOLLY SPRINGS PARKS AND RECREATION DEPARTMENT AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that may the City of Holly Springs, Holly Springs Parks and Recreation Department and their agents, sponsors, employees use my photograph in future promotions.

Print Name: _____ Date: _____

Signature: _____

Parent/Guardian Signature: _____

If participant is under eighteen (18) years of age, Parent/Guardian **MUST** sign also