

SPONSOR: _____ LEAGUE: _____ TEAM NAME: _____

MANAGER: _____ BUS. PHONE: _____ HOME PHONE: _____

WAIVER AND RELEASE

I hereby waive and release the County of Del Norte, its agents and employees, from and against any and all claims, cost, liabilities, expenses, or judgments, including attorney's fee's and court costs arising out of my participation in the program or any illness or injury resulting there from, and hereby agree to indemnify and hold them harmless from and against any and all such claims.

I hereby execute and deliver this Waiver and Release to induce and permit participation in the program. My signature on the roster form states my compliance with the above.

Del Norte County does not supply accident insurance for its recreation programs. It is recommended that all participants acquire accident insurance before participation in programs. All participates under the age of 18 must have the signature of a parent.

NAME: Last, First (print) AGE ADDRESS PHONE SIGNATURE DATE PAID

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