



Player First Name	Player Last Name	Mailing Address	Email	Date of Birth	Phone Number	Shirt Size	Waiver (Initial)

**Sign your initials below to indicate that you have read and agree to the City of Othello PARTICIPANT ASSUMPTION OF RISK, WAIVER AND RELEASE**

In consideration of your accepting my or my child's entry, I hereby consent to participation in the herein described activity by the child named herein and I hereby, for myself, my child, my heirs, executors and administrators do hereby, expressly and forever, waive and release any and all claims against and agree to hold harmless the City of Othello, City of Othello Park and Recreation Department, and all their respective officers, employees, agents, representatives, successors, or assigns of any kind from any and all claims which may be made for damages and/or injury to property or persons occasioned by any cause whatsoever, arising as a result of or in connection with the participation of me or my child in the herein mentioned activity. By participating in the herein-mentioned activity, I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to my child from participating in this activity. Being fully informed as to these risks and in consideration of my child being allowed to participate in City of Othello sponsored activities and/or use of City of Othello facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I do hereby consent to allow my picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of City of Othello sponsored recreational activity without compensation to me, in conjunction with the promotion of the City of Othello Parks and Recreation facilities and programs. I do authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program/activity.

**1 Minor Registration (16+):**

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Parent Name (Print)

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Parent Signature

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Date