Augusta Recreation, Parks and Facilities Department

ADULT ATHLETIC INDIVIDUAL REGISTRATION FORM

PLEASE PRINT

_____ _____ _____ _____

First Name Middle Last Name E-mail Address

_____ _____ _____ _____

Mailing Address City State Zip Code

_____ _____ _____

Home Phone Cell Phone Work Phone

_____ _____

Place of Employment or School You Attend Date of Birth

I, the above named candidate, who is applying for a position in an Adult Athletic League, hereby assume all risks and hazards incidental to the conduct of the activities as well as transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless the Augusta Recreation, Parks and Facilities Department, the sponsors, supervisors, any and all of them. In case of injury to myself, I do hereby waive all claims against the above or any of the supervisors appointed by them. I also authorize Augusta Recreation, Parks & Facilities the use of any images taken during adult athletic events for promotional purposes.

_____ _____

Signature Team Name