CITY OF FOUNTAIN VALLEY

COMMUNITY SERVICES DIVISION

PARTICIPANT'S RELEASE OF LIABILITY FORM

(Please Use Ink)

NAME OF PARTICIPANT:_____

(please print)

ADDRESS:_____

CITY:_____ **ZIP CODE:**_____

PRIMARY PHONE:_____

EMAIL ADDRESS:_____

ACTIVITY: **ADULT SOCCER** **BIRTHDATE:**_____/_____/_____

TEAM NAME:_____ **SEASON:** ☐ SPRING ☐ SUMMER ☐ FALL

(CHECK ONE)

CIRCLE NIGHT OF PLAY: **MON** **TUE** **WED** **THU** **FRI**

RELEASE OF LIABILITY

I AM A PARTICIPANT IN THE ABOVE-NAMED FOUNTAIN VALLEY ADULT PROGRAM.

I REALIZE THAT IN ANY SPORTS ACTIVITY OF THIS NATURE THERE IS ALWAYS A POSSIBILITY OF A PARTICIPANT RECEIVING OR CAUSING SOME INJURY TO ANOTHER PLAYER. I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIM OR RIGHT TO CLAIM FOR DAMAGES IN OUR BEHALF, ANY OF THE SUPERVISORS, COMMUNITY SERVICES DIVISION PERSONNEL, AND THE CITY OF FOUNTAIN VALLEY, ITS OFFICERS AND EMPLOYEES.

THIS RELEASE SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF ITS REVOCATION IS DELIVERED TO THE CITY OF FOUNTAIN VALLEY.

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PARTICIPANT'S SIGNATURE **DATE**