

Adult Waiver & Release of Liability

Team Name _____ Team Rep. _____ Phone _____ League _____

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of athletes' equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and /or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Payson City and the event of holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Payson City and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsor, event directors and event volunteers.

AUTHORIZATION FOR MEDICAL TREATMENT

This release will authorize Mountain View Hospital and the Payson City Ambulance Service to provide medical treatment in the event of an accident or illness while participating in the recreation program of Payson City. I understand that these services are provided on a fee basis.

The Undersigned has read the above waiver and release and understands that he/she has given up substantial rights by signing this waiver and has signed it voluntarily.

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#	Name (Please Print)	Address	City	Non-res \$10 fee	Phone	Participant's Signature	
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