

CITY OF ESCONDIDO
Community Services Department
Recreation Division
201 North Broadway
Escondido, CA 92025-2798

SPORTS LEAGUE TEAM WAIVER FORM

Team Name: _____

Print Name: _____ Phone: (home) _____ Email: _____

Address: _____ City: _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

LIABILITY WAIVER

I agree to indemnify, defend and hold harmless the City of Escondido, its officers, agents and employees from any and all loss, damage, liability, cost or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activity in which I am participating. I hereby assume the risk of any injuries that I may sustain during any of the activities. I forever discharge the City of Escondido, its officers, agents and employees from any actions, suits, damages, claims or judgments that may result from any personal injuries or property damages that I may sustain while using City property or equipment, or while participating in any activity sponsored by the City of Escondido.

I understand that the City may take photographs for the use in City publications and news releases without my written consent.

I have read the above Waiver/Release of liability and understand it.

Player's Signature: _____ **Date:** _____

Team Name: _____

Print Name: _____ Phone: (home) _____ Email: _____

Address: _____ City: _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

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Player's Signature: _____ **Date:** _____