



**City of
Santa Clara**
The Center of What's Possible

City of Santa Clara
Parks & Recreation Department
1500 Warburton Ave
Santa Clara, CA 95050
408-615-2260

**RELEASE OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNIFICATION AGREEMENT ADULT SPORTS**

Team Name: _____

Sport: Softball Basketball Other _____

I, _____ hereby acknowledge that I have voluntarily applied to participate in the activity marked above, operated or sponsored by the City of Santa Clara.

IN CONSIDERATION of the acceptance of my application for participation in this activity, I hereby WAIVE, RELEASE, AND DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me as a result of my participation in this activity. This release is intended to discharge in advance the City of Santa Clara, City Council, its officers, agents, and employees, the Amateur Softball Association, SANCRA, its legal associations, its sponsors, their agents or representatives against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I recognize that there are certain risks inherent in the activity I am seeking to participate in. Nevertheless, I voluntarily agree to ASSUME ANY AND ALL RISKS of injury or death from whatever cause inherent in or arising from my participation in this activity, whether such risks are know or unknown to me, and to release, discharge, hold harmless and indemnify all of the persons and the entities mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs, personal representatives, next of kin, spouse or assigns.

It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

I have carefully read this agreement and fully understand its content.

Date: _____

(PRINT NAME HERE)

TEAM: _____

(Signature)

MANAGER: _____

(Signature)

(Address)
