



## ADULT PARTICIPATION APPLICATION

Player Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Birthday \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Sponsor/Team's Name \_\_\_\_\_

I Do  Do not want insurance offered through  
the Douglas Parks and Recreation Dept.

I Do  Do not live in  
the city limits of Douglas.

Signature \_\_\_\_\_

I Do  Do not live in Coffee County.

If applicant is minor, parents, or  
guardians signature is required

For Office Use Only		
B/C _____	FEE. _____	INT. _____

I assume all risks and hazardous incidents to the conduct of the activities and transportation to and from activities. I do further hereby release, absolve and hold harmless the City of Douglas and the Douglas Parks & Recreation Dept., the organizers, sponsor, the supervisors, and any or all of them. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting me to or from the activity.

In case of injury, I hereby give my permission to the person in charge of the activity to take me to the doctor or hospital for treatment.

Participant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_