

City of Carson - Parks and Recreation Department

OFFICIAL TEAM REGISTRATION

Adult Sports Section

Activity:	Year:	Season:	Office Use Only	
Men's: C _____ D _____	Co-ed: Major _____ A _____	Women's: A _____ B _____	Co.	Su.

Team Name:	Manager's Name:	Day Phone:
Address:	City: _____ ST: _____	Cell Phone:

In consideration of the City's acceptance of my application for entry in the above event, and as a member of the team herein stated, I, for myself, my heirs, executors and assigns, hereby waive, release and discharge the City of Carson and its officers, agents, and employees ("releases") from any and all claims of damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me as a result of negligence or carelessness on the part of the persons or entities mentioned above (releases). I also understand that an inherent risk of exposure to COVID-19 exists in any public space where people are present, including with respect to participation in the Program. I acknowledge that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I voluntarily assume all risks of exposure to COVID-19 or any variant thereof related to my participation in the Program, and I assume sole responsibility therefor and agree to hold harmless the City of Carson, its officers (elected and appointed), agents and employees (collectively, "City" and individually, "City Party") in connection therewith. I FURTHER UNDERSTAND THAT ACCIDENTS MAY OCCUR DURING SUCH ACTIVITY OR PROGRAM AND THAT PARTICIPANTS IN SUCH ACTIVITY MAY SUSTAIN PERSONAL INJURIES AND/OR PROPERTY DAMAGE AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF SUCH ACTIVITY, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS THE CITY OF CARSON, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY TO ME OR MY HEIRS OR ASSIGNS FOR DAMAGES ARISING OUT OF OR RELATED TO MY PARTICIPATION IN SUCH ACTIVITY.

I have read and understand the above general release, waiver of liability, and indemnity agreement. **Manager's Signature:** _____ **Date:** _____

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