

City of Whittier
 Community Services Department
 7630 Washington Avenue, Whittier, CA 90602
 (562) 567-9430 Fax (562) 567-2877



Team Name: _____ Manager: _____ Date: _____

READ THIS FORM BEFORE SIGNING

CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Whittier, its officers, and employees, agents and volunteers, from and against any and all claims, damages, liability, expenses, and judgments, including attorneys fees in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Whittier to photograph me or my child in this event or activity for advertising purposes for the City of Whittier and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

MANAGERS: PLEASE MAKE SURE PLAYERS FILL OUT ALL INFORMATION

Add the Following Players:

	Player's Name	Address - City - Zip	Date of Birth	Signature
1				
2				
3				
4				
5				
6				

Drop the Following Players:

1. _____ 2. _____