

**CITY OF HILLVIEW  
ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and or producer of the event, and lack of hydration. These risks are not only inherent to athletes but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this **ACCIDENT WAIVER AND RELEASE OF LIABILITY** form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my legal rights at and after said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) Waive release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the organizer and the following entities or persons: The City of Hillview, its elected officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers, and event officials.

B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my or any actions during this event.

- I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

The City of Hillview has my permission to use my or my child's photograph publicly in order to stream games thru Facebook. I understand that the images will be used on social media. No royalty, fee or other compensation shall be payable to me by reason of such use.

The **ACCIDENT WAIVER AND RELEASE OF LIABILITY, ALONG WITH THE PHOTO/VIDEP RELEASE** shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.

Entrant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H): \_\_\_\_\_ (CELL) \_\_\_\_\_ (WK) \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS OR GUARDIANS OF MINORS  
(UNDER 18 YEARS OF AGE)**

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is in fact acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHILD'S AGE: \_\_\_\_\_ CHILD'S GENDER \_\_\_\_M\_\_\_\_F CHILD'S DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHIRT SIZE PLEASE CIRCLE CORRECT SIZE ADULT SM MED LG XL XXL XXXL**

**YOUTH SM MED LG**

**PLEASE MAKE PAYMENT UNDER "I WANT TO," THEN SCROLL TO "PAY A RECREATION FEE."  
PLEASE RETURN TO [TBOHANNON@HILLVIEWKY.ORG](mailto:TBOHANNON@HILLVIEWKY.ORG).**