

Youth Individual Waiver Form



Foothills Sports Arena _____
3608 S Kipling Pkwy.
Denver, CO 80235
Phone: 303-409-2444
Fax: 303-409-2440

Foothills Fieldhouse _____
3606 S. Independence St.
Denver, CO 80235
Phone: 303-409-2372
Phone: 303-409-2371
Fax: 303-409-2373

SPORT (select one): **Soccer** ___ **Lacrosse** ___
SEASON (select one): **Winter** ___ **Summer** ___ **Fall** ___

Team Name _____ **League / Season** _____

Player Name _____ **Date of Birth** _____ **Age** _____

Address _____ **City** _____ **Zip** _____

Daytime Phone _____ **Evening Phone** _____

Cell Phone _____ **Email** _____

I affirm that the above player ("Player") has been informed of the Foothills League Rules and the Code of Conduct and has agreed to participate according to all rules and regulations of Foothills Park & Recreation District. I understand that sport of choice may have an element of danger and, as parent/legal guardian of the Player, take full responsibility for his/her actions and physical condition. I understand that Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization. I release and agree to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries, to the Player or any third parties, incurred in connection with any Foothills Park & Recreation District event or activity associated with this league and the Player's participation.

____ 1. **Liability Waiver:** By registering in our programs/classes and/or reserving/renting facility spaces/amenities, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child or children registered the said child(ren)'s legal representative), hereby releases and agrees to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me and such minor child(ren), in connection with any District event or activity.

____ 2. **Hold Harmless:** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with any communicable disease or community health risk, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. And further agree to follow any or all local, county or state rules/orders related to community health risks or communicable disease.

____ 3. **Firearms:** Open and concealed carrying of firearms is PROHIBITED at all Foothills Park & Recreation District facilities, parks, trails and golf courses.

____ 4. **Americans with Disabilities Act Accommodation Request:** Foothills Park & Recreation District strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Foothills Park & Recreation has to offer provided they meet the minimum eligibility requirements. To request an accommodation please allow 10 business days prior to the start of the class/activity. Please contact the Programmer/Supervisor of the selected activity. For more information on equal opportunity, diversity and ADA compliance, please contact Human Resources at 303-409-2118.

Parent/Legal Guardian MUST contact Foothills Park & Recreation District immediately if a participant tests positive for COVID-19. Please contact the staff member in charge of your group, team program or activity.

Parent / Legal Guardian (Print) _____

Parent / Legal Guardian Signature _____ **Date** _____