

COUNTY OF BUTLER  
RELEASE & WAIVER FORM

Sport: (circle one)

Sand Volleyball

Ultimate Frisbee

Flag Football

Night Disc Golf

TEAM NAME \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ PA \_\_\_\_\_  
Street City Zip Code

Township: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Waiver of Responsibility

In signing this release, I acknowledge that I understand its intent, and I for myself, heirs, executors, administrators, and representatives, do hereby agree and will absolve and hold harmless Butler County Parks and Recreation, corporate sponsors, cooperating organizations, and any other party of persons connected with this event in any way together with their respective successors and assigns (the "sponsors") singularly or collectively, for and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever which may result from or be connected in any way to my participation in activities and events at Alameda Park, Butler County. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that my equipment that I may use to participate in the event is in working condition, that I will observe all park, League, and event rules, and that I will generally conduct myself in a safe and prudent manner while participating in the event and hereby absolve and hold harmless the sponsors from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give my permission to Butler County Parks and Recreation and the sponsors to use my name and any photographs taken of me during the event in any promotional materials or publications. I certify that I have read this waiver and release and understand that it is legally binding upon me.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature for under 18 years of age

\_\_\_\_\_  
Date

Print name legibly: \_\_\_\_\_