



City of Orland Recreation Adult League Waiver



815 4th Street
Orland, Ca 95963
(530) 865-1630

orlandrec@cityoforland.com

Team Manager: _____

Phone: _____

Address: _____

Email: _____

Name	Phone Number	Address	Signature
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****IF UNDER THE AGE OF 18 PLEASE SEE NEXT PAGE****

In consideration of being permitted to participate in the program mentioned above for recreational benefits to myself or my heirs, I and my heirs & assigns do hereby release, discharge and covenant not to sue the City of Orland, it's agents, officers and employees of the Orland Unified School District arising out of any personal injury, death or property damage that is incurred during said participation by myself or my heirs whether active or inactive, including negligent actions of the aforementioned providers. I also fully understand that there may be some risks involved in participation in the above activity including but not limited to those associated with weather conditions, facility conditions, equipment and other participants. I have read this document. I elect to accept all risks associated with the participation in said activity and I voluntarily sign my name evidencing my acceptance of the above provisions.

ALL PARTICIPANTS MUST CARRY OWN INSURANCE



City of Orland Recreation Adult League Waiver with Parent Consent



815 4th Street
Orland, Ca 95963
(530) 865-1630

orlandrec@cityoforland.com

Team Manager: _____

Phone: _____

Address: _____

Email: _____

<u>Minors Name</u>	<u>Parent/Guardian Name</u>	<u>Parent/Guardian Signature</u>	<u>Parent/Guardian Phone Number</u>
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ALL PARTICIPANTS MUST CARRY OWN INSURANCE