

**CITY OF OREM
RECREATION DEPARTMENT
9-12 GRADE YOUTH BASKETBALL**

Name of Team:

Name of Participant: _____ Age: _____

Name of parent or guardian: _____

Address: _____ City _____ Zip _____

Phone Number: _____ School: _____ Grade: _____

GENERAL RELEASE AGREEMENT

As a participant (or legal guardian of participant if a minor) in the Orem Recreation Program, I hereby acknowledge an understanding that the participant will be engaged in activities that involve inherent risk of serious injury, permanent disability or death and I assume all of the risks of participating in these events or activities. I also understand that these activities or events are not covered by City medical insurance.

I understand that the City of Orem highly recommends that the participant have health insurance to cover injuries that might occur as a result of my participation in the event or activity.

Intending to be legally bound, and in consideration of permitting me to participate in this event, I, my executors, administrators, heirs, next of kin, successors, and assigns hereby covenant not to sue the City of Orem or their directors, officers, officials, employees, agents, and servants and hereby release, waive, discharge and hold harmless the same from any and all claims, causes of action and liability for my death, disability, personal injury, property damage, or property theft or actions of any kind which may hereafter accrue to the participant during the event or in traveling to and from these events or activities.

I understand that it is medically advisable that I consult a physician before participating in the Orem Recreation Program. I hereby acknowledge this and am exercising my choice to pursue participation with or without first being examined by a physician.

Participant's Signature: _____ Birthdate: _____

Signature of parent/guardian: _____ Date: _____