

CICERO CHRISTIAN CHURCH

1715 Stringtown Pike / Cicero, Indiana 46034 / 317.984.4653

reachteachserve.org



Recreation Permission Waiver for Adults

Date: _____

Name: _____

Address _____

City/Zip: _____

Phone Home: _____ Work: _____ Cell: _____

In case of emergency call: _____ Phone: _____

Please list pre-existing medical conditions, such as asthma, allergies, etc.:

I authorize emergency medical treatment for an injury if the qualified medical personnel consider treatment necessary and perform the treatment if I am unable to respond or my emergency contact is unavailable. Further, I am aware that participating in sports is a potentially hazardous activity. I assume all risks associated in participation, including but not limited to falls, being hit with the ball, obstacles in or on the court/field, and contact with other participants. By signing this waiver, I agree to exempt and relieve *Cicero Christian Church* and its officers, agents, servants or employees from liability for personal injury, property damage or wrongful death. I agree to indemnify and hold harmless the coaches, volunteers, and any other participating or sponsoring organization and all employees, officials, representatives and agents from any and all claims by or on behalf of myself as a result of participation in this program. All such risks are known to me and understood by me. Also, I provide my own insurance to cover me in the event of an injury. My policy is as follows.

Date: _____

Participant Signature: _____

Parent/Guardian Signature: _____

Insurance company _____

Policy number _____

Carrier's name _____