

**ALL PLAYERS PLEASE READ BEFORE SIGNING.**

**INDIVIDUAL PLAYERS RELEASE OF LIABILITY ASSUMPTION OF RISK AUTHORIZATION FOR MEDICAL CARE**

1. I hereby recognize and acknowledge that participation in recreational activities may involve bodily injury or emotional injury to myself and others. In consideration of being permitted to participate in Kaysville Recreation activities, I hereby assume the risk of such bodily and/or emotional injury and hereby release, waive and discharge Kaysville City, its officers and employees, from all liability of claims therefore resulting from my participation in any city sponsored Recreation activity.
2. I authorize Kaysville Recreation staff to act on my behalf in accordance with their best judgment in the case of an emergency and agree to assume full responsibility for all medical expenses that may arise there from.
3. I hereby expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and as inclusive as permitted by law, and that if any portion here from is found to be invalid, it is agreed that the balance shall not withstanding continue in full force and effect.



*Kaysville Parks & Recreation*  
 85 N. 100 E., Kaysville  
 801-544-1788  
[www.kaysvillecity.com](http://www.kaysvillecity.com)

Division:		Team Name:			
	Player Name	Phone	Address	City/Zip	Signature
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