

Participant's Name	Date of Birth	Age	Signature Acknowledging Warning and Assumption of Personal Responsibility for Injury (Note language on page two [2] regarding such)	Phone Number	Address

Emergency Contact: _____ Contact Phone: _____

Payor _____ Phone _____

Acknowledge of Warning and Assumption of Personal Responsibility for Injury:

I hereby acknowledge that I have been properly advised, cautioned, and warned by the City of Morenci that by participating in the activity named above, I may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligaments of cartilage damage which could result in the temporary or permanent, partial or complete, impairment in the use of his/her limbs; brain damage; paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to myself, which may result, I give my consent to participate in the City of Morenci. I realize that there is no Benefit Fund and I will assume personal responsibility in the case of injury resulting from participation in this activity. Moreover, I realize the City of Morenci does not necessarily guarantee the presence of trained medical personnel on site at every activity.

REFUND POLICY: Refunds will not be granted after the first week of the season. Unless the program is cancelled by the City of Morenci, there will be a \$25.00 administrative charge assessed for all refunds.

ALCOHOL POLICY: Alcohol is prohibited in Wakefield Park per City of Morenci ordinance, without prior approval of the Morenci City Council. The Morenci City Council has not approved alcohol for Men's Adult Softball. Personal responsibility is encouraged in all decisions made by teams and / or players.

OFFICE USE ONLY

Cash Check # _____ VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Received by _____ Date _____