



567-8000 ext. 1-REC

**Indian River County  
Recreation Department**  
1800 27<sup>th</sup> Street  
Vero Beach, Florida 32960  
(772) 226-1732



567-8000 ext. 1-REC

**ADULT PLAYER CONTRACT**  
(PLEASE FILL IN ALL BLANKS WHERE APPLICABLE)



567-8000 ext. 1-REC

**Amount Paid:** \_\_\_\_\_

**Cash:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I HEREBY AGREE TO PLAY DURING THE SEASON IN THE \_\_\_\_\_ LEAGUE. I WILL ABIDE BY THE RULES AND REGULATIONS SET UP BY THE DEPARTMENT AND MANAGERS.**

**TEAM NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_  
(MANAGER) (PLAYER)

**PLAYER'S NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**HOME (STREET) ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_ **WORK#** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_  
(OPTIONAL)

**BITHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**I (DO) OR (DO NOT) (PLEASE CIRCLE ONE) HAVE INSURANCE AND REALIZE THAT I AM RESPONSIBLE FOR ANY INJURY INCURRED IN ABOVE MENTIONED ACTIVITY.**

**NAME OF INSURANCE COMPAMY COVERING PARTICIPANT:**

\_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**\*\*\* REFUNDS WILL NOT BE GIVEN \*\*\* YOU WILL BE GIVEN A CREDIT TO APPLY TO NEXT SESSION OF ACTIVITY OR OTHER DEPARTMENTAL ACTIVITY.**



567-8000 ext. 1-REC

**INDIAN RIVER COUNTY**  
RECREATION DEPARTMENT  
1800 27<sup>TH</sup> Street  
Vero Beach, FL



567-8000 ext. 1-REC

## **Accident Waiver and Release of Liability Non-Water Events**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those cause by terrain, facilities, temperature, weather, condition of athlete's equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Indian River County, Florida, School District of Indian River County, and the event holders, sponsors, and organizers, in which I may participate and that will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Indian River County, Florida, School District of Indian River County, and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

***Initial:*** \_\_\_\_\_



567-8000 ext. 1-REC

**INDIAN RIVER COUNTY**  
RECREATION DEPARTMENT  
1800 27<sup>TH</sup> Street  
Vero Beach, FL



567-8000 ext. 1-REC

**This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

**I hereby certify that I have read this document; and, I understand its content.**

**Printed Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the applicant is under 18 years of age, the parents or guardians must execute the following waiver:**

**Parent/Guardian Waiver of Minors**

**The undersigned parent and/or natural guardian or legal guardian does hereby represent that he, is in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties on behalf of both the minor and the parents or legal guardian.**

**Printed Name of  
Parent or Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event:** \_\_\_\_\_