

Village of Marshall - Parks and Recreation

130 S. Pardee Street, P.O. Box 45, Marshall, WI 53559 608-655-4017, Ext. 216
www.marshall-wi.com go to Village Departments then Parks and Recreation Make
Checks payable to the Village of Marshall and Mail or stop in at the above address.

Team Sports Registration Form

What event are you registering for _____

Managers Name: _____ Team Name: _____

Address: _____

E-MAIL Address: _____

Phone Number : _____ Secondary Phone Number: _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

The undersigned desires to participate in a course or recreational activity being offered by the Village of Marshall. The undersigned assumes all responsibility and risks related to or in any way connected with the course or activity.

In consideration of the Village of Marshall, the undersigned does for himself, his heirs, executors, successors and assigns, release, waive, discharge and covenant not to sue the Village of Marshall, its employees, agents, successors and assigns, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the undersigned's participation in this class.

PHOTOGRAPHS AND VIDEOS WAIVER

By signing below I understand that the Village of Marshall may take photographs and/or videos of participants and activities. I agree that the Village of Marshall shall be the owner of and may use such photographs and videos relating to promotion of the soccer program. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT

I have read the foregoing Waiver of Liability, Hold Harmless Agreement and Photograph/Video waiver. I understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full, adequate and complete consideration fully intending to be bound by same.

THIS IS A RELEASE — READ BEFORE SIGNING

Print Name of Participant: _____ Date: _____

Signature of Participant/Guardian if under 18: _____

For Office Use Only: Fee Amount Paid: _____ Date Payment Received: _____

Method of Payment: Check # _____ or Cash _____

Team Roster – Each Participant Needs to Sign

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Print Name of Participant: _____ **Date** _____

Signature of Participant: _____

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