

**CITY OF OGLESBY
WAIVER AND RELEASE OF ALL CLAIMS**

**ACTIVITY: REC Basketball League
"Rising Stars" & "Rising Stars Jr." Basketball Fundamentals**

IMPORTANT INFORMATION

The City of Oglesby is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The City of Oglesby continually strives to reduce such risks and insists that all participants follow safety and instructions which have been designed to protect the participant's safety.

Please recognize that the City of Oglesby does not carry medical accident insurance for injuries sustained in its recreation programs. The cost of such would make program fees prohibitive. Therefore each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the City of Oglesby responsible for the payment of medical expenses.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s) and hereby agree to the following:

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, including death, damages or loss of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the City of Oglesby and its officers, agents, servants and employees.

I do hereby fully release and discharge the City of Oglesby and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the City of Oglesby and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of an emergency, I authorize City of Oglesby officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Name of Participant: _____

Date: _____

Name of Parent: _____

Signature of Parent: _____