



Team: _____

OAK RIDGE RECREATION & PARKS ROSTER FORM AND MEDICAL RELEASE

I covenant to save, defend, hold harmless and indemnify the City, and all of its officers, departments, agencies, agents and employees (Collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with my or my children's participation in recreational programming provided by the City.

The City has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with all COVID-19 safety protocols required by the City as a condition of participation in recreational programming. Compliance with the guidelines minimizes the risk of exposure to COVID-19 but cannot eliminate the potential for exposure. If any participant has a compromised immune system or is in any way considered to be at higher risk for infection we do not recommend participation in this activity at this time. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume all risk that I or my children may be exposed to or infected by COVID-19 by participation in recreational programming and that such exposure may result in personal injury, illness, permanent disability or death.

I do hereby acknowledge that I have received a copy of, read and understand the terms of this release.

I agree to abide by all City rules and policies established by the City for participation in recreational activities on City property.

NAME	PHONE NUMBER	ADDRESS	SIGNATURE
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