

**DERRICK DAYS 2018
STREET GAMES
RELEASE FORM**

TEAM _____

NAME _____ DOB _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ RELATION _____

PHONE NUMBER _____

LIST ANY MEDICAL PROBLEMS OR MEDICATIONS _____

BY MY SIGNATURE, AND MY FREE WILL, I DO HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE CITY OF CORSICANA AND ITS AGENTS FROM ANY AND ALL CLAIMS OR DEMANDS, COST OR EXPENSE, ARISING OUT OF INJURIES, DAMAGES OR OTHER LOSES, WHETHER PERSONAL OR PROPERTY. I ALSO UNDERSTAND THAT ANY PICTURES TAKEN DURING THIS ACTIVITY MAY BE USED IN ANY PUBLICATIONS RELATED TO THE CITY OF CORSICANA.

PARTICIPANT'S SIGNATURE

DATE

PARENTAL/GUARDIAN RELEASE (FOR PARTICIPANTS UNDER 18)

PARENT/GUARDIAN _____ PHONE _____

I UNDERSTAND THAT PARTICIPATION IS DONE AT THE RISK OF THE PARTICIPANT. I AGREE TO HOLD THE CITY OF CORSICANA AND ITS AGENTS FREE FROM ANY AND ALL CLAIMS OR DEMANDS, COST OR EXPENSE, ARISING OUT OF INJURIES, DAMAGES, OR OTHER LOSSES, WHETHER PERSONAL OR PROPERTY. I ALSO UNDERSTAND THAT ANY PICTURES TAKEN DURING THIS ACTIVITY MAY BE USED IN ANY PUBLICATIONS RELATED TO THE CITY OF CORSICANA. I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE.

PARTICIPANT'S SIGNATURE

DATE