



FOOTHILLS SPORTS ARENA
20__ YOUTH SPORTS
INDIVIDUAL WAIVER FORM

SPORT (circle one):
SOCCER LACROSSE

SEASON (circle one):
WINTER SPRING SUMMER FALL

TEAM NAME: _____

LEAGUE / SEASON: _____

PLAYER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ AGE: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

CELL PHONE: _____

EMAIL: _____

I affirm that the above player ("Player") has been informed of the League Rules and has agreed to participate according to all rules and regulations of Foothills Park & Recreation District. I understand that **THE ABOVE CHOSEN SPORT** may have an element of risk and, as parent/legal guardian of the Player, take full responsibility for his/her actions and physical condition. I release and agree to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries, to the Player or any third parties, incurred in connection with any Foothills Park & Recreation District **sporting** event or activity associated with this league and the Player's participation.

Parent / Legal Guardian (Print) _____

Parent / Legal Guardian Signature _____

Date _____

Foothills Sports Arena
3608 S. Kipling Parkway
Denver, CO 80235
303-409-2444