

Jefferson County Parks and Recreation (JCPR)
Co-ed Pickup Adult Basketball 2022/23

Participant First Name Last Age M F Birthday
Mailing Address City Zip
Parent/Guardian One First Name Last
Parent/Guardian Two First Name Last
Home Phone Alternate Phone E-mail
Emergency Contact Phone
Allergies/Special Needs If yes, what

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

(Please read carefully)

- 1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury...
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge JCPR...
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin...
5. On behalf of myself and on behalf of my minor child, we have read and understand the attached COVID-19 Safety Rules and Concussion Information Sheet...

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to allow my child to participate in the JCPR Program under the terms as set forth in this Assumption of Risk, Release of Liability and consent Agreement. The JCPR Program for which this consent is given is called and is the Co-ed Pickup Basketball 2022/23



Signature of Parent or Guardian Date Signature of Participant (18 Years & Older) Date

PHOTOGRAPH - VIDEO CONSENT

I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication of photographs/video taken of me.



Signature of Parent or Guardian Date Signature of Participant (18 Years and Older) Date