

Jefferson County Parks and Recreation (JCPR)  
**Family Pick-up Soccer 2025**

Participant First Name _____	Last _____
Age _____	Grade (fall 25) _____ 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 Family Pick-up Soccer ("Pick-up Soccer") may involve some strenuous physical activity. Some activities (such as sports, games, drills, climbing, hiking, swimming, or running, etc.), present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. The decision whether to engage in any particular activity that forms part of the Pick-up Soccer program shall be entirely the participant's. Participation in Pick-up Soccer in no way obligates anyone to engage in any activity they do not feel they can accomplish safely.

2. On behalf of any of my minor children and myself who are participating in Pick-up Soccer (collectively the releasing persons), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death that arise from participation in Pick-up Soccer. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of Pick-up Soccer in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown. I accordingly assume full and sole responsibility for my (or my minor child's) participation in Pick-up Soccer. I understand that I must report any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in Pick-up Soccer, to the group leader before Pick-up Soccer commences.

3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), the releasing persons hereby release and forever discharge Jefferson County, any third party sponsors of the county and Pick-up Soccer and all of their agents, employees, officers, or volunteers (and their marital communities) (collectively "the releasing persons"), for damage to property, personal injury, disability or death, resulting from the released persons' involvement in Pick-up Soccer. This release applies to the released persons whether any injuries or damages arise from the fault of any person, including all of the released persons to the fullest extent allowed by law.

4. To the fullest extent allowed by law, I, on behalf of all releasing persons, and for any of their respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the released persons from and against any and all liabilities arising from participation in Pick-up Soccer. This undertaking to provide indemnity shall apply to the fullest extent allowed by law, even if the liability asserted against any of the released person arises wholly or partially from that released person's fault.

***(Parents of Children Under Age 18 Must Complete Information Below)***

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 myself and/or 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 **Family Pick-up Soccer 2025**



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 \_\_\_\_\_