

**LAKE CHARLES RECREATION AND PARKS**  
**MINOR WAIVER FORM**  
**for**  
**ADULT SPORTS LEAGUE**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Team Name: \_\_\_\_\_

Player's Address: \_\_\_\_\_

<b>MINOR MUST BE 16 YEARS OF AGE WHEN THE SEASON BEGINS</b>
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\_\_\_\_\_ has my permission to play with the \_\_\_\_\_ adult league team. I understand that as a parent/guardian, I am responsible for providing my own health insurance coverage for my child. I understand that the sponsors, the City of Lake Charles and the coaches are not responsible for any injuries or accidents sustained by my child.

The City of Lake Charles suggests that participants have a complete physical exam before practice begins. The Lake Charles Recreation and Parks Department rules state that no player for this team can be on the roster of any other team for the season.

(I), \_\_\_\_\_, agree to release and hold harmless the City of Lake Charles, its officers and employees, agents or representative from all claims, causes of action, demands, suits, liability, and costs for property damage, personal injury, medical expenses, attorney fees and any other expenses arising out of or relating to my child's voluntary participation in this leisure activity.

I also understand that any attempt to falsify a players age will result in the entire team being made to forfeit all games played in by said player.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS \_\_\_\_\_ (INITIALS)**

**Parent/Guardian's Signature \_\_\_\_\_**