

TOWN OF CICERO PARKS AND RECREATION DEPARTMENT

I _____ am fully aware that the Town of Cicero does not carry medical
(print name)
insurance on program participants and accept and acknowledge this condition. Further, I agree to release the Town of Cicero, its employees, agents and administrators from any and all claims I may have from damages arising out of participation in the league, and agree to defend, indemnify and hold harmless the Town of Cicero, its employees, agents and administrators from any claim by a third party arising in whole or in part out of my actions. I will in turn pursue appropriate coverage via personal or employee insurance. I accept full responsibility for any and all injuries which may arise out of my participation in programs offered by the Town of Cicero for personal injuries resulting from or arising out of the negligence of the Town of Cicero its agents and/or employees.

Sport

Team Name

Style of Play

Day and Division

Signature of Participant

Date

For Office Use Only: DATE RECEIVED _____	INITIALS _____
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