

League Registration Form

Please print clearly. All information must be completed.



Player Contact Information:

Name: _____ Email: _____

Address: _____ Cell: _____ Work: _____

Emergency Contact:

Name: _____ Cell: _____ Work: _____

League Information:

Sport: _____ Season/Year: _____ Division: _____

Team Name: _____ Manager's Name: _____ Barcode: _____

Check one:

- Orinda Resident (50% or more of the team are Orinda Residents)
- Non-resident (Less than 50% of the team are Orinda Residents)

Total Fee Owed: \$ _____

Please refer to the City of Orinda Recreation Guide or web site for accurate league fees

It is your responsibility as the consumer to understand our policies in the event you need to withdraw from our classes. In consideration of being permitted to participate in City of Orinda Parks and Recreation activities, THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, HEREBY FOREVER RELEASES WAIVES AND DISCHARGES THE CITY OF ORINDA, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability, to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss and/or damages and any claims or demands occurring or resulting from any accidents, injury, and/or damage to the person or property or death of the undersigned or their minor, arising out of or connected with participation in activities on the City of Orinda's property or site utilized by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon, whether or no caused by the negligence and/or property of the City of Orinda, its directors, officers, employees, agents, independent contractors, or volunteers:

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, due to the negligence of the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers or otherwise while in, upon, or about the premises of the City of Orinda, or site utilized by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, agrees to INDEMNIFY AND HOLD HARMLESS the City of Orinda, its directors officers, employees, agents, independent contractors, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, brought as a result of the undersigned's or their minor's involvement in activities while in, upon, or about the premises of the City of Orinda, or a site utilize by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon, and to reimburse the City of Orinda for any such expenses

THE UNDERSIGNED HEREBY PERMITS the taking of photographs or videos of themselves or their minor to be used at the City's discretion and understand they may be used for marketing purposes

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement has been made. The undersigned hereby acknowledges fully understanding the terms of this agreement and acknowledges that by signing this agreement the undersigned completely and unconditionally releases the City of Orinda, its directors officers, employees, agents, independent contractors, and volunteers from any and all liability to the greatest extent allowed by the law

Name (please print) Signature Date

Payment Information:

Check Visa MC Credit Card #: _____ Exp: _____ CVC #: _____

Make checks payable to: *The City of Orinda*

Card Holder's Name (please print): _____

Card Holder's Signature: _____