

**Kalamazoo County Parks Department Waiver (for all players)**

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
League Name

\_\_\_\_\_  
Team Name/Number

**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to use the soccer fields at River Oaks County Parks, the undersigned:

1. Agrees that prior to using the soccer fields the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, the undersigned will refuse to use the soccer fields; and,
2. Acknowledges and fully understands that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my actions, inactions, the negligence of others, the rules of play, or the condition of the premises or of any equipment. Further, that there may be other risks not known to me or reasonably foreseeable at this time; and,
3. Assume all of the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability or death; and,
4. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the County of Kalamazoo, the Kalamazoo County Parks & Fairground Department and their respective employees, officers, and representatives (RELEASEES), from any liability to the undersigned, my heirs and next of kin for any and all claims, demands, losses, or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the RELEASEES.

I HAVE READ THIS RELEASE AND UNTERSTAND THE EFFECT OF THE TERMS AND CONDITIONS OF THE RELEASE. I ALSO UNDERSTAND THAT THIS RELEASE SHALL BE IN EFFECT FOR ANY AND ALL ACTIVITIES RELATED TO THE USE OF THE SOCCER FIELDS.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if participant is less than 18 yrs. of age.

\_\_\_\_\_  
Date