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|  | ***PLAYER'S AGREEMENT****: I agree to play with the above team during the upcoming season or until I have completed a release request with the**Recreation & Parks Department* ***CODE OF CONDUCT****: As a Player, I understand that I must follow these rules to stay in good standing.* *I hereby pledge to provide positive support, care and encouragement for my team participating in adult sports by following these Code of Ethics.* 1. *I will remember that I participate to enjoy athletics with other adults in a competitive yet respectful manner.*
2. *I will inform the coach/manager of any physical disability or ailment that may affect my safety or the safety of others.*
3. *I will learn the rules of the game and the policies of the league.*
4. *I (and my guests) will be a positive role model for all who attend/participate and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game or practice.*
5. *I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, or player such as booing and taunting, refusing to shake hands, or using profane language or gestures.*
6. *I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.*
7. *I will play by the rules and resolve conflicts without resorting to hostility or violence.*
8. *I will treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.*
9. *I will never ridicule or yell at my peers or other participants for making a mistake or losing a competition.*
10. *I will emphasize skill development and practices and how they benefit my peers more than winning.*
11. *I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for myself or team to win.*
12. *I will respect the officials and their authority during games and will never question, discuss, or confront coaches on the field, and will take time to speak to coaches at an agreed upon time and place.*
13. *I will comply with all rules of the IPRD Adult Sports Leagues.*

  PLAYER'S SIGNATURE DATE SIGNED  |
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 Player/Participant are responsible for their own health insurance policy. We understand this shall relieve the Sponsor, IPRD, and all coaches from financial responsibility resulting from an injury or incident. IPRD suggests that participants have a complete physical exam before games begins. The IPRD rules state that no player for this team can be on the roster of any other team for the season in the same league. We also understand that any attempt to falsify a player’s identity will result in the entire team being made to forfeit all games played, and the player/participant being suspended from all IPRD sponsored programs indefinitely. An adult player contract, wavier form, and a record of your name is on the adult registration form w/ player signature; are required for any player/participant that participates in IPRD sports.

(I), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby RELEASE and forever DISCHARGE the said Iberville Parish and Recreation District (hereinafter referred to as “IPRD) and its agents, officers, and employees, from all claims, demands, damages and claims for relief on account of any and all injuries which may exist or which hereinafter arise from participating in an activity or use of the IPRD facility, even if such injury results from the negligence of IPRD, its officers, agents, and employees, or from a defect in the premises. In addition, I grant to IPRD, its representatives and employees the right to take photographs/videos of my child in connection with this program. I agree that IPRD may use such photographs/videos of my likeness with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I received information in accordance with the adult participant code of ethics.

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| **You cannot participate with a team until an adult player contract, wavier form, and a record of your name is on** |  |
| **the adult registration form w/ player signature; are submitted and recorded by IPRD’s Athletic Department.**   |

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

**AND THAT ALL ABOVE INFORMATION REQUESTED IS TRUE AND ACCURATE.** \_\_\_\_\_\_\_\_\_\_\_ (initials)

Players Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jersey #: \_\_\_\_ Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# IPRD Waiver/Release Form

By participating in or using any activities, programs, equipment or facilities available through

the Park and Recreation Commission for the Parish of Iberville (IPRD), participant/user hereby agrees to the following terms and conditions:

I understand and agree that there is a risk of serious injury to me while utilizing IPRD facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume all risk of injuries, regardless of severity, which from time to time may occur because of my participation in recreational and other activities through IPRD.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of IPRD. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at IPRD, and that I am not relying on any advice from any IPRD representative in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, IPRD, and its respective officers, employees, student workers, student interns, volunteers, agents, and representatives, from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of IPRD.

By entering an IPRD facility, I consent to be the subject of any photography, audio, or video recordings, which may take place while I am participating in programming and/or open recreation activities. Such photography and recordings may be used for IPRD publications, webcasts, telecasts, advertising, and for any other additional promotional or marketing purpose as IPRD may see fit. By entering a IPRD facility, I hereby waive all rights or claims I may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if my likeness or image is used in a publication, there will be no identifying information provided. If you do not wish to be photographed, please kindly inform our photographer or videographer.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This waiver/release shall be effective and binding upon me and upon my assigns, heirs, representatives, guardians and administrators. If under the age of 18, this waiver/release is signed by a parent/guardian of the minor, and the undersigned waive all claims, and agree to indemnify and hold harmless IPRD and its agents in the event of any injury to the undersigned of minor participant.

**I understand that this waiver/release is contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I also agree to the follow the rules and information provided in a separate document or explained by IPRD staff.**

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Please Print)**

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell) Home/Work\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jersey #\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_