

COME AND JOIN US!



Every Wednesday

Linda McMahon Field

6:30pm 5-10yrs

7:30pm 11 & Up

09/22—10/27



Please call Pat Riggs at 602-717-1108

Players Name : _____ Age: _____

Parents Name: _____

Parents Phone Number: _____

LIABILITY RELEASE

In consideration of my child's acceptance in this program, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, release and forever discharge any and all rights and claims for damages I may have or may hereafter accrue to me against the Town of Gila Bend, or any sponsor, its or their officers, agents, representatives, successors and/or assigns or any other corporations or individuals associated with the Town of Gila Bend, for any damages, claims, injuries, or actions sustained or suffered in connection with my child's association or entry in or arising out of their participation in said event. If in doubt as to my child's physical condition to engage in this event I have been advised to seek the advice of a competent physical and to abide by this advice. I attest and verify that I have full knowledge of the event risks involved in this program and my child is physically fit and sufficiently healthy to participate in this program.

Parent signature _____

Date: _____