ISLE OF PALMS RECREATION DEPARTMENT

SEASON:_____ YEAR:_____

SPORT:_____

TEAM NAME:_____ CAPTAIN:_____

ADDRESS:_____

HOME & CELL PHONE:_____EMAIL:_____

I acknowledge that I have read and understand each and every one of the provisions in this waiver, release of liability, and indemnification agreement on the opposite side and agree to abide by them.

PLAYER/PRINT	SIGNATURE	PHONE/EMAIL