High Point Parks & Recreation Department
136 Northpoint Avenue
High Point, NC 27262
(336) 883-3480 Phone (336) 883-8524 Fax

Team Name: **Date:**

Print Player Name	Player Signature

Waiver of Liability and Consent for Medical Treatment
(Each participant **MUST** sign this waiver form before participating)

I voluntarily agree to participate in the High Point Parks and Recreation Department's Adult Basketball Program. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the City of High Point and its elected and appointed officials, agents, and employees. As a participant, I hereby consent to treatment for myself, for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of High Point Parks and Recreation Department to use my photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the City and I will not receive payment of any kind. I certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and without any duress or coercion.

PLAYING DAY PREFERENCE **

Monday/Wednesday _____ Tuesday/Thursday _____
**** NOT GUARANTEED**

EXPECTED LEVEL OF COMPETITION: (please check one)

____ Very Competitive ____ Moderately Competitive ____ Less Competitive