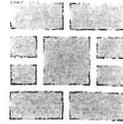


# SAVANNAH

Recreation and Leisure Services



## ADULT SPORTS WAIVER

SPORT: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

ADDRESS (NO P.O. BOX): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK/CELL: \_\_\_\_\_

Email \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

.....  
I have also been made aware of that I shall NOT bring alcohol or pets into the facility. If so I will be asked to remove the items immediately with the possibility of a suspension attached to the infraction.

**COVID-19:** I/We understand COVID-19 is a contagious virus that spreads easily through person-to-person contact and participating in City of Savannah programs and accessing City facilities could increase the risk of contracting COVID-19. The City in no way warrants that contracting COVID-19 or other contagions will not occur through participation and use of City programs/facilities.

*I agree to release the City of Savannah Athletics Department, and/or its designated representatives, from any responsibility and/or liability in the event of injury due to participation in the 20\_\_ League.*

\_\_\_\_\_

\_\_\_\_\_

(signature)

(date)