



# GREECE POLICE ATHLETIC LEAGUE INC.

3177 LATTA ROAD SUITE 405  
ROCHESTER NY 14612  
(585) 581-4009  
WWW.GREECEPAL.COM



**T-Shirt Size** (Please indicate if it's a youth or adult size)- \_\_\_\_\_

## Athletic Registration Form

Players Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex M/F \_\_\_\_\_

### Parents or Guardians Contact Information

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact (Other than parents or guardians)

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Insurance Coverage

Family Medical Insurance Provider \_\_\_\_\_ Medical Insurance Policy Number \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Waiver and Release of Liability

In consideration of the risk of injury while participating in any Greece Police Athletic League activity, and as consideration for the right to participate in any event, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action forever discharge The Town Of Greece, located at 1 Vince Tofany Blvd Rochester NY 14612, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct results of my participation in the aforementioned activity or event, including the travel to and from any and all events or activities.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ATHLETIC ACTIVITIES AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THESE ATHLETIC ACTIVITIES, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS NEGLIGENCE, CONTITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, EITHER KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THESE ATHLETIC ACTIVITIES, INCLUDING TRAVEL TO, FROM, AND DURING SAID ACTIVITIES OR EVENTS. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE TOWN OF GREECE AND ALL OF IT'S HEIRS, REPRESENATIVES, PREDECESSORS, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE TOWN OF GREECE FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This agreement was entered into at arm's-length, without duress, coercion, and I to be interpreted as an agreement between two parties of equal bargaining strength. The Participant/participant's parent/legal guardian, and The Town of Greece agree that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purpose for which it is entered into.

I, the undersigned parent / guardian of the participant, affirm that I am of the age 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract that I am signing it of my own free will.

Participant / Players Name \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_