

Team Name _____
(please print)

Child's Name _____
(please print)

**AUTHORIZATION AND RELEASE FORM
(MINOR)**

I hereby give permission for my child to engage in recreation and athletic activities, and in particular, for my child to engage in Adult Basketball at the Elzie Odom Athletic Center.

In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize a Parks and Recreation Department employee to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such activities, to Indemnify and hold harmless the City of Arlington, its employees, agents, sponsors and volunteers assisting in these activities, from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, omission or negligent act of my child. I further do hereby expressly release, discharge and hold harmless the City of Arlington, its employees, agents, sponsors, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities or transporting my child to and from such activities.

DATED THIS THE ____ DAY OF _____, 2014.

COACH/WITNESS

PARENT/GUARDIAN