

WASHINGTON COUNTY  
RECREATION DEPARTMENT  
ADULT SOFTBALL REGISTRATION

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

ADDRESS: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE WASHINGTON COUNTY RECREATION DEPARTMENT, ITS EMPLOYEES, AGENTS, HEIRS, AND ASSIGNS, OF ANY AND ALL CLAIMS, DEMANDS, RIGHTS, AND ANY AND ALL CAUSES OF ACTIONS OF WHATSOEVER KIND AND NATURE ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNFORESEEN, BODILY AND PERSON INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF RESULTING FROM PARTICIPATING IN THIS OR ANY OTHER DEPARTMENT ACTIVITY CONDUCTED BY THE WASHINGTON COUNTY RECREATION DEPARTMENT.

\_\_\_\_\_  
SIGNATURE