



## Recreation Department

*"Where we work, . . . so you can play"*

### River City Ringers Horseshoe Pitching League Team Entry Form

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

PLAYER #1 \_\_\_\_\_  
(First) (Last)

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

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

HOME PHONE ( ) \_\_\_\_\_ CELL or WORK PHONE ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

PLAYER #2 \_\_\_\_\_  
(First) (Last)

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

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

HOME PHONE ( ) \_\_\_\_\_ CELL or WORK PHONE ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### **ACKNOWLEDGEMENT OF RISK WAIVER OF LIABILITY:**

I, the undersigned, by participating in Recreation Department Horseshoe Pitching League sponsored by City of Clinton understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, agree to release Recreation Department Horseshoe Pitching League and the City of Clinton its' elected officials, employees or volunteers from all claims resulting from any and all injuries sustained while participating in Recreation Department Horseshoe Pitching League, except that arising out of the sole negligence of the Recreation Department Horseshoe Pitching League or City of Clinton its' elected officials, employees or volunteers

*I have read and fully understand the above program details. I waive and release of all claims.*

\_\_\_\_\_  
Signature – Player #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Player #2

\_\_\_\_\_  
Date