



CITY OF ARLINGTON

FIELD USE WAIVER

Organization: **North Counties Christian Sports Fellowship League**

Coach: _____

Team name: _____

Age division: **High School through Adults**

If participant is **under 18** years of age, the parent(s) and/or legal guardian(s) **must** sign the following waiver.

I, the undersigned, recognize and acknowledge the potential dangers and hazards with myself/child participating in an event that uses the City of Arlington ball fields. In consideration for myself/child's participation, I hereby assume all risk of injury or liability and waive any right of recovery from or to bring suit against the City of Arlington, its officers and employees for any personal injury, death or other consequences arising out of or in connection with myself/child's participation in an event that uses the City of Arlington ball fields.

	Name of field User Printed	Signature of field User Parent or guardian if under 18	Printed name of Parent or Guardian	Relationship to Minor	Date
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