

Aurora Sports Festival

Volunteer (Parent & Non School Employee) School or City of Aurora Background Check Required

Registration

Sports Fest *Form #3* ***Code of Conduct ***Friday, May 12, 2017

PRINT IN BLACK INK

BEING AN ATHLETE REQUIRES MORE THAN BEING A MEMBER OF A TEAM. IT IS MUCH MORE THAN WINNING AND LOSING. PARTICIPATION IN ATHLETICS TEACHES THE FUNDAMENTALS OF TEAMWORK, FAIR PLAY AND SPORTSMANSHIP. ALL ATHLETES, COACHES, OFFICIALS AND VOLUNTEERS ASSOCIATED WITH THE AURORA SPORTS FESTIVAL SHALL CONDUCT THEMSELVES IN A RESPONSIBLE MANNER AT ALL TIMES. IT IS A PRIVILEGE TO BE A MEMBER OF THE AURORA SPORTS FESTIVAL. OUR ACTIONS WILL INFLUENCE AND SET GOOD EXAMPLE FOR OUR SCHOOLS AND COMMUNITY.

Name _____

Address _____

Zip Code _____ e-mail _____

Home Phone () - _____ Office _____ Cell _____

_____ Parent Volunteer _____ Adult Volunteer

Adult T-shirt size (circle one) S, M, L, XL, or XXL

Waiver

Please read this form carefully and be aware that in registering yourself or your child for participation in the Aurora Sports Festival, you will be releasing all claims for injuries you or your child might sustain arising out of this program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the listed program. I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity, which my child or I may sustain as a result of participating in the program. I waive and relinquish all claims that I or my child may have against the City of Aurora, the Township of Aurora, and the Aurora Sports Festival, as well as its agents, employees and volunteers, as a result of participation in this program. I further agree to indemnify and hold harmless and defend the City of Aurora, the Township of Aurora, and the Aurora Sports Festival, particularly their agents, employees and volunteers from any and all claims resulting from injuries, damages and/or losses sustained by me or my child, arising from, connected with or in any way associated with the listed activity.

I further understand that my child or I may be injured as a result of participating in the Aurora Sports Festival. I agree to provide an emergency contact number at which I will be available at all times during the Aurora Sports Festival. I hereby give my consent and authorization for an adult supervisor or paramedic to authorize and arrange for and/or provide any and all medical treatment that is deemed necessary in their opinion, particularly in the event that I cannot be reached. I understand that I will be responsible for any and all medical treatment costs that may be incurred as a result of an injury.

I/we hereby consent to allow my picture or likeness to appear in any official documentary or exclusive television coverage of the Aurora Sports Festival in any manner incidental to my participation in the Aurora Sports Festival and without compensation to me.

I have read and understand the above waiver and release of all claims.

Parent/Adult Volunteer Signature

Emergency contact phone number during the Aurora Sports Festival (8:00A.M-3:00 P.M.)

