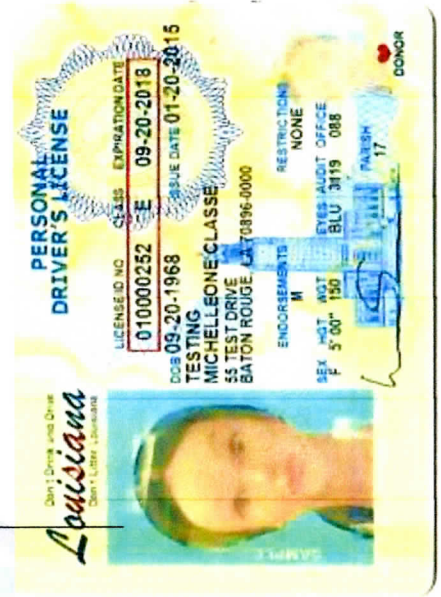


SPAR Certified By: \_\_\_\_\_

Date: \_\_\_\_\_



**Shreveport Public Assembly and Recreation  
Hold Harmless Agreement  
Participant**



Name Michelle One Classe  
First MI Last

Address 55 Test DR. Baton Rouge, LA 70896  
STREET & NUMBER CITY & STATE Zip Code

Telephone 318-673-7727

Birth date 09 20 1968  
MO DAY YEAR

In case of emergency contact Name Cassie Classe  
Phone 318-673-7727

**HOLD HARMLESS AGREEMENT**

It is agreed that by signing this waiver and participating in SPAR Sports/Event, that I hereby agree to hold The City of Shreveport, Shreveport Public Assembly and Recreation, its staff, officers and employees harmless from any liability or claims for damages for the loss of life or injury or damages to persons or property resulting from the participation in all SPAR events, described for any activities conducted associated with the SPAR events. I understand the hazards and dangers involved in the sports and /or environment and will use my own insurance, if needed.

Signature Michelle O. Classe

Date 01-25-2014

Team Name City of Shreveport

Effective for All SPAR Sports/Events from **January 1, 2016 – December 31, 2016**