

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

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



## Athletics

### Shreveport Public Assembly and Recreation

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
STREET & NUMBER CITY & STATE Zip Code

Telephone \_\_\_\_\_

Birth date \_\_\_\_\_  
MO DAY YEAR

In case of emergency contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Team Name \_\_\_\_\_

**Effective for All SPAR Sports/Events from January 1, 2019 – December 31,  
2019**



**\*\* RELEASE FORM \*\***  
**WAIVER OF LIABILITY**



In consideration of being permitted to participate in SPAR or other City related activities; I and the City, agree as follows:

I hereby agree to indemnify, release, defend, and hold SPAR and the City of Shreveport, and all of its members, officers, agents and employees, both paid and voluntary, hereinafter referred to as "**RELEASEES**", harmless of and from any and all liability, claims, suits, or cause(s) of action which may arise, regardless of whether caused by the negligence of **RELEASEES**, from bodily injury, death or property damage, to me, or my children, or to third persons as a result of my, or my child's, participation in the activities. I have been fully advised to the terms of the event and hereby agree to perform and consent to my participation, as well as my child's participation, in the activities.

I release **RELEASEES** from any claim whatsoever on account of first aid, treatment, or service rendered to me or my children during participation in the activities.

I give SPAR and the City of Shreveport permission to photograph my child or myself for the purpose of publicizing events and/or programs.

The terms of this release are contractual and not a mere recital.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent or Guardian's Signature  
(If Participant is under 17 years of age)

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date