



City of Bristol, Tennessee  
Parks & Recreation

**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY  
(Athletic Activities)**

Participant Name: \_\_\_\_\_

IN CONSIDERATION for being allowed to participate in Athletic Activities, I agree to the following:

1. Athletic Activities may be physically hazardous and may expose me to infectious diseases. I assume all responsibility for, and voluntarily assume all risk of, any injury or illness that I might suffer because of or while participating in Athletic Activities.
2. **I hereby release, discharge and hold harmless the City of Bristol, Tennessee, its officers, agents and employees (collectively, "the City"), from any and all claims, damages, or liability for any injuries that I may sustain or illnesses that I may contract while participating in the Athletic Activities, INCLUDING CLAIMS ARISING FROM THE ORDINARY NEGLIGENCE OF THE CITY, ITS OFFICERS, AGENTS OR EMPLOYEES. I will not hold the City responsible for the condition of the facilities or equipment, the operation of any League that has organized the Athletic Activities, the conduct of participants, coaches, officials and spectators, or the potential for contracting infectious diseases that is inherent in participating in group activities.**
3. **This waiver and release of liability is binding on me and my agents, assigns, heirs and representatives.**
4. I will comply with all applicable rules, regulations and policies of the City regarding my participation in the Athletic Activities.
5. I consent for the City to use and release photographs, images, video, film or recordings of me or my voice, created by the City for the purpose of news reporting and promoting Parks and Recreation programs.

If the Participant is under 18, this document must be signed by the Participant's parent or guardian, who agrees to all of the foregoing on behalf of the Participant.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Print – Participant, Custodial Parent or Guardian*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print - Witness Name*

\_\_\_\_\_  
*Signature*

Parent/Participant Address: \_\_\_\_\_

Parent/Participant Telephone: \_\_\_\_\_

Does participant reside within Bristol, Tennessee city limits? \_\_\_\_\_