CORNING RECREATION DEPARTMENT
1081 SOLANO STREET
CORNING, CA 96021
(530) 824-7011

LIABILITY WAIVER

By my signature here I attest that I have read the league rules, and I have also read this statement and waive any and all claims and release the City of Corning, contracted officials, supervisors, sponsors, and the Corning Public Schools from any and all injuries I might suffer as a result of participation in _____ (list program). I am aware that said program could be a dangerous activity. I further attest that I will take responsibility to ensure that I am physically fit to participate in this activity.

OFFICIAL ROSTER
(Please Print)

FORM MUST BE COMPLETED BY EACH PARTICIPANT – NOT BY THE CAPTAIN

PRINT NAME	ADDRESS & PHONE	DATE	SIGNATURE

FEES MUST BE PAID AT THE TIME THIS FORM IS TURNED IN

Team Name: _____

Contact Person: _____ Phone: _____ Alt. Phone: _____

Address: _____ City: _____ Zip: _____