

Adult Kickball League

As a participant in the Polk County Recreation kickball league, I recognize and acknowledge that there are certain risks of physical injury to participants and I agree to assume the full risk of any injuries. I hereby agree to waive and relinquish any and all claims I may have as a result of participation in the kickball league.
I have read and fully understand the waiver.

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Name of Participant _____ Age _____

Team Name _____

Cash _____ Check # _____

Make payable to:
Polk County Recreation

Cost - \$35.00 per person

Contact Person _____ Phone _____

Email Address _____