



**SUMMER 2022 - ADULT**



**By signing below, the undersigned acknowledges that they have read and understand the Release and Indemnity Agreement, together with matters pertaining to the concussion protocol, and consent to the required terms of Conduct set forth herein.**

**CONDUCT STATEMENT**

I HEREBY CONSENT TO PARTICIPATING IN THE SPORTS PROGRAM SPONSORED BY THE GATORBALL ASSOCIATION AND HOSTED BY THE MOUNT HOLLY PARKS & RECREATION DEPARTMENT. BY SIGNING THIS RELEASE I ALSO SIGN FOR ANY FAMILY MEMBER OR GUEST THAT IS IN ATTENDANCE. I ALSO UNDERSTAND THAT REQUESTS FOR CERTAIN COACHES OR TEAMS WILL NOT BE GUARANTEED. I UNDERSTAND FULLY THAT THE ASSOCIATION AND RECREATION DEPARTMENT WILL NOT TOLERATE UNSPORTSMANLIKE BEHAVIOR OF ANY KIND. I AGREE THAT ANY BEHAVIOR SUCH AS CURSING, YELLING, AND/OR OTHER IMPROPER BEHAVIOR DIRECTED AT OFFICIALS, COACHES, PARENTS OR PLAYERS WILL RESULT IN SUSPENSION FROM THE PROGRAM'S ACTIVITIES FOR ME, MY FAMILY, AND MY GUESTS.

**THE GATORBALL ASSOCIATION & MOUNT HOLLY PARKS & RECREATION DEPARTMENT POLICY REGARDING SPORTS INJURIES RELEASE AND INDEMNITY AGREEMENT FOR ADULTS**

By my signature below on this release I hereby consent to participating in any Gatorball Association and/or City of Mount Holly sports programs. This document is intended to release any claims I may or might have resulting from activities relating to my play or other activities relating to the above. The undersigned, for him/herself, and his/her heirs, executors, and assigns, does hereby knowingly and voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify all Gatorball Association members, City of Mount Holly employees, City Council members, coaches, assistant coaches, and volunteers associated with Gatorball Association and/or City of Mount Holly sports programs, from any and all claims, actions, or losses due to bodily injury, property damage, wrongful death, loss of services, or any other injuries, damages, or claims which may arise out of the activities described above. I specifically understand that I am releasing, discharging, and waiving any claims that I may have presently or that may arise in the future related to these types of activities. The undersigned understands and acknowledges that the activities set forth above may have inherent risks, dangers, and hazards, and participation in such activities and/or use of equipment may result in injury, including but not limited to, disease, strains, sprains, fractures, partial and or total paralysis, death, or other ailments that could cause serious disability. The undersigned, for him/herself, does hereby accept and assume all these risks and dangers and any others arising from such activities.

If I am accompanying a minor child or children, then I further agree that I will be solely responsible for the safety and oversight of such child or children who may be in my custody during the activities described above.

I have carefully read this Agreement and agreed to be bound by the terms hereof. This Agreement shall continue in full force and effect covering the above described activities from and after the date below.

**MATTERS PERTAINING TO CONCUSSION PROTOCOL**

The following policy and procedures are being implemented by The Gatorball Association and the Mount Holly Parks & Recreation Department with the intent to reduce the potentially serious health risks associated with sports related concussions & head injuries.

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body that jars or shakes the brain inside of the skull. It is important to note that an athlete does not have to lose consciousness to have suffered a concussion.

**SIGNS AND SYMPTOMS OF CONCUSSIONS**

**SIGNS OBSERVED BY OTHERS**

Appears dazed or stunned – Is confused about assignment – Forgets plays/unsure of game, score or opponent – Moves clumsily or answers questions slowly – Loses consciousness – Shows behavior or personality changes – Cannot recall events before/after the hit

**SYMPTOMS REPORTED BY ATHLETE**

Headache – Nausea – Balance problems or fuzzy vision – Sensitivity to light or noise – Feeling sluggish, foggy or groggy – Concentration or memory problems – Confusion

I hereby understand that if I am suspected of a concussion or head injury that I must submit a written medical clearance from an appropriate health-care professional to The Gatorball Association and/or the Mount Holly Parks & Recreation Department prior to returning to any activity. I understand that I will not be allowed to participate until I have produced this document.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_