



Knox County  
Parks & Recreation

2447 Sutherland Avenue  
Knoxville, TN 37919  
Phone: 865.215.6600  
Fax: 865.215.6603

## Adult Softball Contract

Year: \_\_\_\_\_

Season: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

To accept registration and permit participation in Knox County programs by the named participant, I agree to release, indemnify, and hold harmless Knox County, its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant. I acknowledge that Knox County does not provide medical insurance of any kind to participants.

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Knox County, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in a any way related to any injury or other damage that may result to the participant while participating in this Knox County sponsored activity.

I do hereby agree in signing this contract to abide by the Knox County Code of Conduct at these contests.

Participant Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_ Night of Play: \_\_\_\_\_

League: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Coach's Address: \_\_\_\_\_