

**WINSTON-SALEM RECREATION AND PARKS DEPARTMENT  
ATHLETIC LEAGUE PLAYER CONTRACT**

I, \_\_\_\_\_, hereby agree to play \_\_\_\_\_ during the season of \_\_\_\_\_  
(Name of Player) (Sport) (Year)  
with \_\_\_\_\_ team of the \_\_\_\_\_  
(Name of Team) (League)

By signing this Contract, I acknowledge and understand that the Sport designated above involves the risk of bodily injury and potentially death to myself (or to my child, if I am signing this Contract on behalf of a minor), and I hereby assume all risks involved in my participation in the Sport. Further, I shall inspect, to my satisfaction, the playing surface and facilities prior to participating in each game, and my participation in each game shall be a waiver of any claim that the playing surface or facilities are defective or dangerous for purposes of the game. I hereby release and hold harmless the League Sponsors and the City of Winston-Salem and its departments, officers, agents, employees, contractors, and subcontractors from any and all claims I may have related to personal injury or property damage.

Additionally, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my or my child's participation in the Sport. On my behalf, and on behalf of my child, and our heirs, assigns, and personal representatives, I hereby release, covenant not to sue, discharge, and hold harmless the City and its officers, agents, employees, and representatives and other participants, sponsoring agencies, sponsors, advertisers, and (if applicable) the owners and lessors of the premises used, of and from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City and its officers, agents, employees, and representatives related to my exposure to the COVID-19 virus. I understand and agree that I or my child shall not be considered employees, agents, or representatives of the City and shall not be entitled to any employee benefits of any kind. This waiver shall be governed by and construed in accordance with the laws of the State of North Carolina. This waiver represents the entire understanding and agreement between the parties. This waiver cannot be amended or modified except by another written document duly signed and executed by the City and the undersigned.

Player's Signature: \_\_\_\_\_ Phone(s) \_\_\_\_\_

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

Parent or Guardian signature (if participant is not 18 years of age): \_\_\_\_\_

PRINT Parent/Guardian Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Must be Residential Address)

Do you live in the City  or County  (Check One)

Do you work in the City  or County  (Check One)

Players that do not live in the City of Winston-Salem must pay a \$20.00 in order to be an eligible player.

Manager's Signature \_\_\_\_\_

Pastor's Signature (If Church League) \_\_\_\_\_

PRINT Manager's Name: \_\_\_\_\_

PRINT Pastor's Name: \_\_\_\_\_

By my signature, Manager/Pastor acknowledges that the Player named above represented to the Manager/Pastor that the Player has read, understood, and executed this contract. Further, Manager/Pastor warrants that he/she will allow only eligible players who have properly executed a contract to play in any game.

**This Contact can be mailed to:**  
Winston-Salem Recreation and Parks Department  
Attn: Athletics  
PO Box 2511  
Winston-Salem, NC 27102-2511

**Or Delivered to:** Winston-Salem Recreation & Parks Department  
Bryce Stuart Municipal Building  
100 E. First Street, Suite 407  
Winston-Salem, NC 27101  
Telephone: 336.727.2063

Received by: \_\_\_\_\_

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

**CONTRACT CANNOT BE FAXED**