



## REQUEST TO WAIVE AGE LIMIT AND RELEASE

By filling out this form I understand that my child will be playing Adult Sports with older, larger, higher skilled and more mature adults and therefore, is at a greater risk of getting injured. I feel my child is capable of playing at this level and fully accept the liability of this request.

\_\_\_\_\_, Parent, legal guardian or person having care, custody and control of the following  
(Parent's Name)

child \_\_\_\_\_, for \_\_\_\_\_, requests that the Recreation  
(Child's Name) (Type of Sport)

Department waive the minimum age requirement for participation in the City of Livingston Parks and Recreation Adult Sports Program for the following reason(s): (check all that apply)

- a) This child will turn the minimum age during the playing season for the program that the child desires to play in.
- b) This child has played at least five prior consecutive seasons in the same sport as this waiver is requesting.
- c) This child's weight is \_\_\_\_\_ and height is \_\_\_\_\_, which is closer in size and weight to participants in the \_\_\_\_\_ age group.
- d) Other:

\_\_\_\_\_  
\_\_\_\_\_

By making this request, I understand that my child will be playing Adult Sports with adults age 18+. There may be greater chances of accidental injury to my child than with an adult age group. The City an activity facilitator. I understand that my child will be playing Adult Sports with adults who may be physically, emotionally and mentally more mature than my child.

By making this request, I understand that I am responsible for consulting with any medical, psychological or other professional providers, regarding the consequences of permitting my child to participate in the Adult Sports Program, based on a waiver of the minimum age requirement. I also understand that if the activity in which I have requested my child to move to is beyond their skill / ability my child may be removed from play and ineligible for Adult Sport opportunities. If I then choose to remove my child entirely from the Adult Sport Program I agree to forfeit all registration fees paid.

By signing this request, I agree to release the City of Livingston, Montana its elected and appointed officials, employees, agents and contractors from any liability arising out of the granting of this application. By making this release, I am waiving and releasing, on behalf of my child, myself and my spouse, any right to a claim against the City and a trial of such claim before a judge or jury, including but not limited to the right to obtain discovery and call and examine witnesses in such a proceeding.

My signature below indicates that I have read and understand all the provisions of this request and releases.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Guardian Name

\_\_\_\_\_  
Signature