

Scott Netherton
Executive Director
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v i s i o n * l e a d e r s h i p * o p p o r t u n i t y

Coalinga’s 89th Annual Horned Toad Derby Festival “Big Fred Memorial Softball Tournament” Participation Agreement

Date: _____

Participating Team Name: _____ Email: _____

Team Manager’s Name: _____ Contact Number: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

RELEASE OF LIABILITY WAIVER AGREEMENT

In consideration of allowing the above named team along with each individual(s) of said team to participate in the above mentioned activity, I hereby waive, release, and discharge any and all claims for damage for personal injury, death, or property damage which I may have, or which may hereafter occur to me, as a result of participation in said activity. This release is intended to discharge in advance the Coalinga Area Chamber of Commerce, the City of Coalinga and the Coalinga Huron Recreation & Parks District, it’s officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risks is to be binding on heirs and assigns. I agree to indemnify and hold harmless the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating.

Manager’s Initials: _____

In agreeing to this statement, I am aware of the inherent dangers that accompany such activities or event. These include travel to and from special events, special skills required to perform certain activities; unknown or unseen field or facility conditions that could cause injuries; new movements or conditioning that may be required by an instructor to perform skills that I desire to learn or perform.

Manager’s Initials: _____

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"Big Fred Memorial Softball Tournament"
Participation Agreement

RELEASE OF LIABILITY WAIVER AGREEMENT CONT.

I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that by signing this Indemnification & Release of Liability Waiver Agreement makes it a legal and binding agreement between the participating team, the team manager, and all other individuals and members of the participating team, to indemnify and hold harmless the Coalinga Area Chamber of Commerce, City of Coalinga, and the Coalinga Huron Recreation and Parks District. I sign this document and enter into this agreement of my own free will. In addition, I agree to abide by all rules, regulations, and bylaws of all organizations listed above as well as other governing bodies of said activity.

Manager's Signature: _____ Date: _____

MEDICAL RELEASE

In case of medical or surgical emergency, I hereby give permission to credentialed medical persons, selected by Coalinga Area Chamber of Commerce staff, to provide for life support, transportation, hospitalization, and continued care deemed necessary by a credentialed medical individual or organization.

Full Roster Is To Be Completed On Page 3 And Returned With This Packet.

Each And Every Participant Must Sign And Accept The Release Of Liability Waiver Agreement In Order To Be Allowed To Participate In The Tournament.

THERE ARE NO EXCEPTIONS. THANK YOU.

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 “Big Fred Memorial Softball Tournament”
 Participation Agreement

Team Name: _____ Manager’s Name: _____

ROSTER: Each Team Member / Participant MUST Sign and Agree

I have carefully read the release of liability waiver agreement on pages 1 & 2 and fully understand its contents. I am aware that this is a release of liability & a contract between myself and Coalinga Area Chamber of Commerce and that by signing it, I do so willingly and free of any duress. In addition, I agree to abide by all rules, regulations, and bylaws of Coalinga Area Chamber of Commerce and other governing bodies of the said activity.

MEDICAL RELEASE

In case of medical or surgical emergency, I hereby give permission to credentialed medical persons, selected by Coalinga Area Chamber of Commerce staff, to provide for life support, transportation, hospitalization, & continued care deemed necessary by a credentialed medical individual or organization.

No.	Date	Signature	Printed Name	Address	Phone	Shirt
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