

City Of Fellsmere Youth Recreation Department

TEAM / LEAGUE SPONSOR FORM

Date: _____

Team/Sport: _____

Paid: _____ Check#: _____

Fee: \$150.00 PER TEAM

Business / Name: _____

Address: _____

City: _____ Zip: _____

Business Phone: _____ Cell: _____

Fax: _____ Other: _____

Hold Harmless Agreement

THE UNDERSIGNED, AS THE PARTICIPANT NAMED ABOVE, HEREBY AGREES TO IDEMNIFY AND HOLD HARMLESS THE CITY OF FELLSMERE, FLORIDA, AND EMPLOYEES, CITY OFFICIALS, VOLUNTEERS, OTHER PARTICIPANTS AND ORGANIZERS OF SUCH ANY SPORT SPONSORING HEREOF AND PLAY FROM CLAIMS, DEMANDS, LIABILITIES SUITS OF ANY NATURE, AND WHATSOEVER, BUT NOT LIMITED TO, ARISING OUT OF MY PARTICIPATION OF SUCH ANY SPORT COMBINED THROUGH ANY LEAGUE OR TEAM SPORTS NEGLIGENCE. I FURTHER AGREE TO ACCEPT ALL AND FULL RESPONSIBILITY FOR MEDICAL COST AND LIKES INCURRED IN THE EVENT OF AN INJURY ARISING AS A RESULT OF MY PARTICIPATION OF SUCH YOUTH SPORT(S) ACTIVITIES LEAGUE AND PLAY. I ACCEPT THE ABOVE RESPONSIBILITY; WHETHER I DO OR DO NOT POSSESS HOSPITALIZATION OR ANY OTHER TYPE OF MEDICAL INSURANCE.

Please deliver to City Hall or Mail To: **CITY OF FELLSMERE
21 CYPRESS ST.
FELLSMERE, FL 32948**

TEAM AUTHORIZED SIGNATURE: _____ DATE: _____

PRINTED NAME(S) : _____