

## KCCC's Basketball/Badminton/Ping Pong/Pickleball Sign-In Sheet

**Sport Coordinator:** \_\_\_\_\_

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

In consideration of being allowed to participate in sports program, related events and activities (hereafter referred to as the “**Activity**”) at Katy Christian Community Church located at 24747 Roesner Road, Katy, TX 77494 (hereafter as “**KCCC**”).

KCCC’s sport activities are reserved for active members of LG/MCG that regularly attend small groups. Please note the following policies to participate in the **Activity**:

1. ALL participants must complete the Medical Authorization/Activity Release form below. You will not be able to participate if you do not fill out the form. You will need to fill out the form each time you participate.
2. Being a sport activity taking place in a church, we expect all participants to exhibit good sportsmanship. Please call your own infractions, watch your language, and be considerate of other players. Failure to adhere to this rule may result in the person being asked to leave.

**Medical Authorization/Activity Release:**

I AGREE TO participate in the **Activity**, and I DO NOT hold KCCC, its employees, staff, agents, sport coordinators and church volunteers responsible for any and all bodily injury or property damage occurred during the above listed **Activity**. I further AGREE to fully and forever RELEASE, DISCHARGE, PROTECT, INDEMNIFY, DEFEND and HOLD HRMLESS **KCCC**, its employees, staff, agents, sport coordinators and church volunteers from any and all liability, loss, expense, demands, claims, suits, rights, causes or action of whatever nature, present or future, whether the same be known or unknown, anticipated or un-anticipated, foreseen or unforeseen, resulting from or by reason of participation in the listed **Activity**.

I herewith authorize **KCCC**, its employees, staff, agents, activity coordinators or church volunteers to render a judgement concerning the seeking of medical assistance, I further authorize and grant permission of treatment of me by physicians & medical staff at local hospital, urgent treatment center, or medical providers & services, should such treatment be necessary, as per opinion of the medical professionals. I UNDERSTAND and AGREE that I will be responsible for any and all medical charges & fees; and AGREE TO REIMBURSE **KCCC** for any and all incurred expenses, if applicable.

By signing the below, I acknowledge that I FULLY UNDERSTAND the Medical Authorization/Activity Release and agree to abide by any rules as set by **KCCC**. I further AGREE that any of my agents, successors or assigns SHALL ALSO BE BOUND BY and adhered to the terms, conditions, or provision of this Medical Authorization/Activity Release.

	Participant – PRINT NAME	Participant - SIGNATURE	Name of LG/MCG or Name of LG/MCG leader
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