

**Warren Township Recreation**  
**MEN'S PICKUP BASKETBALL**

20\_\_ - 20\_\_

I (please print), \_\_\_\_\_,  
the undersigned participant, certify that I am in proper physical condition for safe participation in this Recreation program. I understand and recognize that there may be a risk of injury by participation in this Recreation Program and that the program is offered throughout the school year. I agree to indemnify and hold harmless Warren Township, the Warren Township Recreation Department, the Warren Township Board of Education, their agents and employees from any injuries I may sustain by participating in this Recreation Program.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Please print the form and bring it to the gym. The email address should be printed clearly as that is the communication method used for this program.**