Dorchester County Recreation and Parks

Phone - 410-228-5578 Fax - 410-228-5966 515 Leonards Ln PO Box 598 Cambridge, MD 21613

Waiver and Release

In consideration of being permitted to participate in the following course/activity, sponsored by the Dorchester County Recreation & Parks, its Officers, Directors, Employees and Agents, including the County Council of Dorchester County, and/or its Agents, Employees, Officers, and Officials:

2022 Dorchester County Recreation & Parks Indoor Soccer Clinic

(Course / Activity)

I as the father/mother and/or natural guardian of the minor child indicated below understand and agree that:

- I acknowledge that I and my child have been advised of medical risks that may result from such participation in the
 Dorchester Indoor Soccer Clinic (the "Program") offered by Dorchester County, Maryland (the "County") under the Board and
 Director of Recreation & Parks for Dorchester County, Maryland (herein "Board/Director") and I represent to the County,
 Board/Director that I and my child have consulted my personal physician or other health authority and my child is physically
 capable of such participation in the Program without injury or any medical issues.
- 2. I recognize and my child recognizes, the risks of injury and illness inherent in any activity/fitness program and am participating in the Program under the express agreement and understanding that as the natural guardian of my child, I am hereby waiving and releasing and holding harmless the County, Board/Director and all County employees and agents from any and all claims, actions, costs, damages or expenses, including Attorney's Fees and Court Costs (herein collectively "claims") arising out of my child's participation in the Program or any illness, injury or death resulting from my child's participation in the Program and I, as the natural guardian of my child, hereby agree to indemnify and hold harmless the County, Board/Director from and against all such claims except claims proximately caused by gross negligence or willful misconduct of County, Board/Director. I, as the natural guardian of my child, am waiving any liability of all persons concerned in my child's transportation to and from activities relating to the Program.
- I, as the natural guardian of my child, hereby execute and deliver this waiver and release voluntarily and with the full
 understanding of the contents and consequences thereof and to induce County, Board/Director to permit my child to participate
 in the Program.
- 4. I, as the natural guardian of my child, understand I am responsible for any medical bills, etc. which I may incur resulting from my child being injured while participating in the Program. This includes all phases of the Program activity.
- County, Board/Director reserves the right to use photos taken at events. These images will be used for the promotions of future events.

Printed Name of Participant	Age	Today's Date	1.46. 1
Signature of Parent/Natural Guardian if a Minor	Home/Cell Phone		Emergency Phone
Address	C	ity	Birth Date
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EMAIL ADDRESS
Please print clearly