

# Dorchester County Recreation and Parks

446 Willis Street  
P.O. Box 598  
Cambridge, MD 21613

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Phone 410-228-5578  
Fax 410-228-5966

## Waiver And Release

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

**2018 PEE WEE BASKETBALL CLINIC**, I understand and agree that:  
(Course/Activity)

1. I acknowledge that I have been advised of medical risks that may result from such participation and I represent to Recreation & Parks that I have consulted my personal physician or other health authority and am physically capable of such participation without injury.
2. I recognize the risks of injury and illness inherent in any activity/fitness program and am participating in the Recreation & Parks Program upon the express agreement and understanding that I am hereby waiving and releasing Recreation and Parks, its Officers, Directors, Employees and Agents from any and all claims, costs, expenses, or judgments, including Attorney's Fees and Court Costs (herein collectively "claims") arising out of my participation in the aforesaid course/activity or any illness, injury or death resulting therefrom, and hereby agree to indemnify and hold harmless Recreation and Parks from and against all such claims except claims proximately caused by gross negligence or the willful misconduct of Recreation & Parks. I am waiving any liability of all persons concerned in the transportation to and from activities.
3. I hereby execute and deliver this waiver and release voluntarily and with full understanding of the contents and consequences thereof and to induce Recreation & Parks to permit me to participate in this program.
4. I understand I am responsible for any medical bills, etc. which I may incur resulting from my child being injured. This includes all phases of league activity from practices to tournament play.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Minor, Signature of Parent/Guardian Also

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Medications/Allergies

\_\_\_\_\_  
Emergency Phone

The Dorchester County Recreation and Parks does not discriminate in admissions, access, treatment or employment in its programs and activities on the basis of race, color, sex, age, national origin, religion or disability.