

Dorchester County Recreation and Parks

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

446 Willis Street
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:

2018 INDOOR SOCCER CLINIC AGES

(Course / Activity)

AGES 4 – 6

AGES 7 – 5TH GRADE

I understand and agree that:

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 under the express agreement and understanding that I am hereby waiving and releasing Recreation & Parks, its Officers, Directors, Employees, and Agents from any and all claims, costs, expenses, 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 willful misconduct of Recreation & Parks. I am waiving any liability of all persons concerned in my transportation to and from activities.
3. I hereby execute and deliver this waiver and release voluntarily and with the 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 or myself being injured. This includes all phases of program activity.

_____	_____	_____
Printed Name of Participant	Age (as of January 1, 2018)	Today’s Date
_____	_____	_____
Signature of Parent/Guardian	Home Phone	Work Phone
_____	_____	_____
Address	Birth Date	Emergency Phone
_____	_____	_____
Doctor	Medications	<u>\$20.00 Per Participant</u> Fee

The Dorchester County Recreation & Parks Board 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.