HOWARD COUNTY DEPARTMENT OF RECREATION AND PARKS PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ROSTER

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the team and league indicated below.

2. I understand that there are certain risks and hazards involved in participating in any sport that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields or courts arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play.

2. I release, discharge and hold harmless the team and league designated below, the facility owner or other entity designated below, the Howard County Department of Recreation and Parks, Howard County, its officers, agents, associations, employees, or any person or entity connected with the team, league, or facility for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from any cause related to my participation as a member of the team.

3. I agree to abide by all rules and regulation of the Howard County Department of Recreation and Parks.

Managers and game officials should thoroughly inspect their facility before each use for safe conditions. Any unsafe conditions must be reported to the Department immediately.

Team Manager _____ Year: _____ Sport: SOCCER Division: _____

Address _____ DAY OF PLAY: Su M T W Th F S

City / Zip _____

Phone: Day Evening

TEAM NAME: _____ TEAM COLOR: _____

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

CARDS	#	NAME (print)	SIGNATURE	AGE	Address	PHONE

TOP COPY TO REC & PARKS OFFICE – BOTTOM COPY FOR YOUR RECORDS
7120 OAKLAND MILLS ROAD, COLUMBIA, MD 21046 OR FAX TO: 410-313-4646 , Attn: Janell Coffman

NOT VALID without Player's Signatures