

# 2008 **Adult** Waiver or Release of Liability, Assumption of Risk and Indemnification Frederick County Division of Parks and Recreation

## Waiver Requirement:

Each organization shall cause all of its members, **including but not limited to Players, Coaches, Coach's Assistants, Team Moms/Dads, Other Parent Participants, Umpires, Referees and all other Field Participants**, to execute a release and waiver of liability, assumption of risk and indemnity agreement. If under 18 years of age a parental consent agreement is required.

**YOU MUST USE THIS WAIVER FORM, WHICH HAS BEEN APPROVED BY THE COUNTY ATTORNEY. ONLY THIS WAIVER FORM WILL BE ACCEPTED.**

**DO NOT ALTER THIS FORM**

In consideration of being permitted to participate in any sports activity on Frederick County-owned land, I, the undersigned, acknowledge, agree and understand that:

1. **Voluntarily and of my own free will, I elect to participate as a member of the team and organization indicated below.**
2. **There are certain risks and hazards involved in participating in any sport, including the one I have here elected to participate in, 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 participant, **(as a Player, Coach, Coach's Assistant, Team Mom/Dad, other Parent Participant, Umpire, Referee and/or other Field Participant)**, agree that in consideration for the right to play as a member of the team designated, and in consideration for permission to play on the fields or courts arranged for by the team or organization throughout this year:

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 organization for practice or play.**
2. **I release, discharge and hold harmless the team and organization designated below, the facility owner or other entity designated below, the Frederick County Division of Parks and Recreation, Frederick County, its officers, agents, associations, employees, or any person or entity connected with the team, organization, 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 and warrant that if at any time I believe conditions to be unsafe I will immediately discontinue further participation in the activity.**

**Seasonal** play Waivers must be signed **BEFORE** *any participants take the field*. Waivers are due in the FCDP&R Parks Office at 430 Pine Ave., Frederick, MD 21701 on or before the first business day following the first scheduled date of practice and/or game.

**Tournament** Waivers are due in the FCDP&R Parks Office at 430 Pine Ave., Frederick, MD 21701 on the first business day following the tournament.

The President/Designated Representative of the organization is responsible for assuring that **NO PLAY** will take place **UNTIL** signed waivers are received from all participants, including, but not limited to **Players, Coaches, Coach's Assistants, Team Moms/Dads, Other Parent Participants, Umpires, Referees and all other Field Participants**.

**Insurance Certification Requirement Reminder:** The organization shall also provide evidence of insurance that protects the Board of County Commissioners, its agents, elected and appointed officials, commission members and employees and that names Frederick County on the policy as an additional insured against liability, loss or expense due to damages to property (including loss of use, injury or death of any person or persons and for care and loss of services arising in any way, out of or in connection with or resulting from the activity). The insurance shall, at a minimum, contain \$1,000,000 in general liability and must list the Board of County Commissioners of Frederick County, Maryland as additional insured. **This exact wording must be used: "The Board of County Commissioners of Frederick County, Maryland".**

# ADULT Waiver Form

## FOR ADULT FIELD PARTICIPANTS 18 YEARS OF AGE AND OVER

2008 ADULT Field Participant Waiver or Release of Liability, Assumption of Risk and Indemnification Agreement

Frederick County Division of Parks and Recreation

Signature Page

As a **Player, Coach, Coach's Assistant, Team Mom/Dad, other Parent Participant, Umpire, Referee or other Field Participant**, I have read the agreement found on Page 1, fully understand its terms, understand that I have given up substantial rights by signing and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

TEAM NAME: \_\_\_\_\_ ORGANIZATION NAME: \_\_\_\_\_

SPORT: \_\_\_\_\_ SEASON: \_\_\_\_\_

Full Name must be written

Name:(printed) _____	County of Residency: _____
Address: _____	
Team Position: _____ <small>(Indicate position: Coach, Coach's Assistant, Team Mom/Dad, Parent Participant, Umpire, Referee, Other Field Participant – indicate title)</small>	
I affirm that I understand and agree to this waiver. (Signature) _____ (Date) _____	

Name (printed) _____	County of Residency _____
Address: _____	
Team Position: _____ <small>(Indicate position: Coach, Coach's Assistant, Team Mom/Dad, Parent Participant, Umpire, Referee, Other Field Participant – indicate title)</small>	
I affirm that I understand and agree to this waiver. (Signature) _____ (Date) _____	

Name (printed) _____	County of Residency _____
Address: _____	
Team Position: _____ <small>(Indicate position: Coach, Coach's Assistant, Team Mom/Dad, Parent Participant, Umpire, Referee, Other Field Participant – indicate title)</small>	
I affirm that I understand and agree to this waiver. (Signature) _____ (Date) _____	

Name (printed) _____	County of Residency _____
Address: _____	
Team Position: _____ <small>(Indicate position: Coach, Coach's Assistant, Team Mom/Dad, Parent Participant, Umpire, Referee, Other Field Participant – indicate title)</small>	
I affirm, that I understand and agree to this waiver. (Signature) _____ (Date) _____	

Each Box must be fully completed to be accepted. Use as many or as few boxes as appropriate.