

**Dorchester County Recreation and Parks**

Phone - 410-228-5578  
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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:

**Adult Recreational Futsal League**

(Course / Activity)

I understand and agree that:

1. I acknowledge that I have been advised of medical risks that may result from such participation in the recreational futsal league (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 have consulted my personal physician or other health authority and am physically capable of such participation in the Program without injury or any medical issues.
2. I recognize 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 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 participation in the Program or any illness, injury or death resulting from my participation in the Program, and I 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 am waiving any liability of all persons concerned in my transportation to and from activities relating to the Program.
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 County, Board/Director to permit me to participate in the Program.
4. I understand I am responsible for any medical bills, etc. which I may incur resulting from me being injured while participating in the Program. This includes all phases of the Program activity.
5. 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
_____		_____	_____
Address		City	Birth Date
_____	_____		_____
Home/Cell Phone	Emergency Contact		Emergency Phone
_____		_____	
Doctor		Medications/Allergies	

The Dorchester County Recreation & 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.

Registration Fee: \$500 per Adult Team. (Minimum 7 Players – Maximum 10 Players per team)

EMAIL ADDRESS \_\_\_\_\_

Please print clearly