MONTGOMERY COUNTY RECREATION
PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ROSTER

Team Coach:	**Sport:**
Street Address:	**Year:** **Season:**
City/State/Zip:	**Organization:**
Phone: (Day) **(Eve)**	**Team Name:**
Email:	

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

1. Voluntarily and of my/my child's 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 parent/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 my child/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 Montgomery County Department Recreation, Montgomery 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/my child has 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/my child agrees to abide by all rules and regulation of the Montgomery County Department Recreation.

4. I attest that the Montgomery County Recreation Concussion Information has been received by players and their parents on this roster, and furthermore if the activity occurs on school facilities, these players and parents have acknowledged receipt of the Department's concussion information.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

Name (print)	Street Address / City / Zip	Parent Signature	Gender (child)	Age	Grade	Phone

MAKE COPY FOR YOUR RECORDS – MAIL TO: MONTGOMERY COUNTY RECREATION 7120 4010 RANDOLPH ROAD, SILVER SPRING, MD 20902 OR FAX TO: 240-777-6818