

**MONTGOMERY COUNTY DEPARTMENT OF RECREATION
SPORTS TEAM**

**WAIVER & RELEASE OF LIABILITY FORM
FOR 16 & 17 YEAR OLDS
TO PARTICIPATE IN AN ADULT LEAGUE**

PLEASE PRINT OR TYPE:

Player's Name

Date of Birth

Address

Sport

Season

Team Name

Division

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 any photographs taken or videotapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

Parent/Guardian Name (Print): _____

Relationship _____

Signature _____ Date _____