



**STRIKERS FIELD HOCKEY
YOUTH GIRLS FIELD HOCKEY TRAVEL TEAM**

Waiver and Release

In consideration of being permitted to participate in Youth Girls Field Hockey Travel Team Program, sponsored by the Cecil County Department of Parks and Recreation, the Board of County Commissioners of Cecil County, its officers, directors, employees, and agents, herein, collectively referred to as Parks and Recreation Youth Girls Field Hockey Travel Team Program, I understand and agree that:

1. I acknowledge that I have been advised of medical risks that may result from such participation and I represent to Parks and Recreation that I have consulted my personal physician or other health authority and am physically capable of such participation without injury.
2. I understand that Parks and Recreation provides **NO** insurance coverage for me or my child, if the participant is a minor.
3. I understand that the supervising instructor and/or his/her assistant(s) may be volunteers or may receive a salary for their services which comes from your program fee(s).
4. I understand that Parks & Recreation may photograph programs and participants for publicity and accountability purposes.
5. I recognize the risks of illness and injury inherent in any exercise/physical fitness program and am participating in this Parks and Recreation program upon express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, its officers, directors, employees and agents from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs (herein collectively referred to as "Claims") arising out of my participation in the aforesaid Youth Girls Field Hockey Travel Team Program or any illness, injury or death resulting therefrom, and hereby agree to indemnify and hold harmless Parks & Recreation from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks & Recreation.
6. I hereby execute and deliver this waiver and release voluntarily and with full understanding of the contents and consequences thereof and to induce Parks & Recreation to permit me to participate in this program.

Athlete's Signature

Date

Parent or Guardian Signature

Date

(Strikers 79006)

Need more information call 410-658-3000 or 410-392-4537 during office hours Monday – Friday 8:00 am to 4:30 pm
or visit our website: WWW.CCGOV.ORG or www.webstarts.com/Strikersfhc