

# 2010 YOUTH Waiver or Release of Liability, Assumption of Risk and Indemnification Frederick County Parks and Recreation Division

## Waiver Requirement:

Each organization shall cause all of its 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, 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 Parks and Recreation Division, 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 FCPRD 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 FCPRD 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.

**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".**

# YOUTH Waiver Form

## FOR YOUTH FIELD PARTICIPANT UNDER 18 YEARS OF AGE

2010 YOUTH Field Participant Waiver or Release of Liability and Indemnification Agreement  
Frederick County Parks and Recreation Division

I, the minor's parent and/or legal guardian, have read and understand the agreement found on Page 1, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity, hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless the Frederick County Parks and Recreation Division, Frederick County, its officers, agents, associations, and employees ( the releases) from all liability claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss, liability, damage or cost any may incur as the result of any such claim.

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

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

One Participant Name per Box

Full Name must be written

I, the undersigned, affirm that I understand and agree to this waiver. Participant's name (printed) _____
Address _____ Town/City _____ Zip _____
<b>Residency</b> (Check one) Frederick County ____ Town of Mt. Airy ____ Other ____
Parent/guardian (print name clearly) _____
Parent/guardian (signature) _____ Date _____

I, the undersigned, affirm that I understand and agree to this waiver. Participant's name (printed) _____
Address _____ Town/City _____ Zip _____
<b>Residency</b> (Check one) Frederick County ____ Town of Mt. Airy ____ Other ____
Parent/guardian (print name clearly) _____
Parent/guardian (signature) _____ Date _____

I, the undersigned, affirm that I understand and agree to this waiver. Participant's name (printed) _____
Address _____ Town/City _____ Zip _____
<b>Residency</b> (Check one) Frederick County ____ Town of Mt. Airy ____ Other ____
Parent/guardian (print name clearly) _____
Parent/guardian (signature) _____ Date _____

I, the undersigned, affirm that I understand and agree to this waiver. Participant's name (printed) _____
Address _____ Town/City _____ Zip _____
<b>Residency</b> (Check one) Frederick County ____ Town of Mt. Airy ____ Other ____
Parent/guardian (print name clearly) _____
Parent/guardian (signature) _____ Date _____

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