

CAROLINE COUNTY RECREATION & PARKS

107 South 4th Street

Denton, MD 21629

410-479-8120

AGREEMENT OF PARTICIPATION AND CONTRACT

PLEASE PRINT

Participant's Name		Birthdate	M <input type="checkbox"/>	F <input type="checkbox"/>
Participant Name (if at same address)		Birthdate	M <input type="checkbox"/>	F <input type="checkbox"/>
Participant Name (if at same address)		Birthdate	M <input type="checkbox"/>	F <input type="checkbox"/>
Address		City	State	Zip
Cell Phone #	Emergency Contact		Emergency Phone#	

IN CONSIDERATION OF THE EXECUTION OF A SIMILAR CONTRACT BY ALL PERSONS PARTICIPATING IN RECREATION AND PARKS PROGRAMS, I HEREBY AGREE AND CONTRACT WITH THE FOLLOWING:

1. That I will participate in _____
2. I agree to abide by all rules, policies and uphold the principles of participation, sportsmanship and fair play.
3. I further agree that the medical information given above is correct, and understand that I am solely and entirely responsible for all medical expenses incurred by me as a result of injuries I receive while participating in the stated activity/program and that I have no claim against the program, my leader, or the Department of Recreation and Parks for damages or loss to me resulting from such injuries.
4. I further understand that it is my responsibility to arrange for transportation to and from the program activity.

WAIVER AND RELEASE FORM

(This form MUST be signed by both parent/guardian and participant in order to be accepted)

I am aware that while participating in a recreation activity or program arranged by Caroline County Recreation and Parks, certain risks and dangers may be present; including but not limited to, those generally associated with certain activities, the hazards of travelling the public highways, or accidents, or illnesses and the forces of nature.

In consideration of the right to participate in the Recreation and Parks program and in further consideration of the arrangements made for me by the Caroline County Commissioners through its Department of Recreation and Parks for food, travel and recreation, I do hereby, on behalf of myself, my heirs, executors, administrators, and assigns assume the above-mentioned risks, and do further release, hold harmless, and indemnify the Commissioners of Caroline County and all its agents, officers, and employees from any and all claims for injuries or loss to any person or property which may arise out of or result from my participation in the above referenced program or activity. I further grant permission for a doctor to administer emergency treatment to myself or child in the event I cannot be reached.

Signature of Participant (age 5 & up)

Date

Signature of Parent/Guardian (if participant is under 18)

Date