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 ___________________________