

**WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS SALISBURY, MD
AGREEMENT OF PARTICIPATION AND CONTRACT**

FOR OFFICE USE ONLY

Date Rec'd	_____
Total Amt Rec'd	_____
Cash Bus Chk	MC V
Initials	_____

PRINT NAME _____

PHONE NO. _____ (HOME) _____ (WORK OR CELL)

ADDRESS _____ AGE _____ BIRTHDATE _____

CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____

E-MAIL ADDRESS: _____

PLEASE CHECK HERE IF YOU WOULD LIKE TO RECEIVE E-MAIL UPDATES ON FUTURE ACTIVITIES AND PROGRAMS FROM WICOMICO RECREATION AND PARKS.

MEDICAL INFORMATION & WAIVER

Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

Please list any accommodations that this participant will need in order to take part in this program:

May the program director call to discuss this accommodation? Yes _____ No _____

May the coach be informed of the above listed conditions? Yes _____ No _____

In consideration of the execution of a similar contract by all persons playing in this league, I hereby agree and contract with the league as follows:

I will play in the Wicomico County _____ **2010 Kickball** _____ and that
(Name of League)

I will play for (Name of Team) _____ or

I would prefer to play with (Name of Players) _____

during the 20__ season or until duly and properly released prior to the end of the current season. I agree to abide by all league rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging **any** confidential medical information.

PLAYER'S SIGNATURE _____ DATE _____

TEAM MANAGER'S SIGNATURE _____ DATE _____

RELEASE FORM

TEAM NAME _____

DATE RELEASED _____

PLAYER _____

MANAGER _____

LEAGUE _____

PRESIDENT _____