

CARROLL COUNTY SPORTS COMPLEX ROSTER & WAIVER

TEAM: _____ MANAGER: _____

DIVISION: _____ ASST. MANAGER: _____

	PLAYER'S NAME	PLAYER'S SIGNATURE	DATE
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MANAGERS SIGNATURE: _____ DATE: _____



CARROLL COUNTY SPORTS COMPLEX ROSTER & WAIVER

All players and manager must sign the reverse side of this form before playing. Any player that does not sign prior to play will be considered an illegal player and will be suspended indefinitely. Any games an illegal player participates in will be forfeited by the offending team. Signature acknowledges that I understand and will abide by the rules of the Carroll County Sports Complex and the league I am participating in.

Waiver of Liability

I, in my legal capacity as parent/legal guardian of the minor(s) named on the *Carroll County Sports Complex Roster & Waiver*, or as a participating adult over the age of eighteen (18), recognize and acknowledge that there are certain risks of physical injury, property damages and expenses which my child(ren) or I may sustain as a result of participating in this Program. I further agree on behalf of the minor(s) named on the *Carroll County Sports Complex Roster & Waiver* or myself, heirs, representatives, executors, administrators and assigns to assume all risk and agree to fully release, discharge, indemnify, hold harmless and defend Carroll County Government and its employees, volunteers, agents, and servants from any and all claims for personal injury, property damage, death or accident of any kind arising out of or in any way related to the participation in the Program, however the injury or damage occurs.

COVID-19 Information

I, on behalf of my child(ren) or myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact and that the Carroll County Government does not warrant or guarantee that you, your child(ren), your spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in the Program. I have independently evaluated the risks of being exposed to or infected by the COVID-19 virus and have determined to participate or allow my child(ren) to participate in the Program. Finally, understanding those risks, I, for myself, my child(ren), my spouse, or legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, and after participating in the Program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child(ren)'s parent or guardian is encouraged to consult with a physician concerning the participant's fitness to participate in the Program.

Discipline Policy

I understand that the Carroll County Sports Complex has expectations of conduct as spelled out in league rules and a discipline procedure in place. In the event that I am asked to leave the Program I understand that I may be suspended or expelled from any and all league play. For a full list of league rules, visit the Carroll County Sports Complex page on ccrecpark.org.

Authorization for Use of Photographic Likeness

I agree to allow the Carroll County Department of Recreation and Parks to take and utilize photographic images of the registered individual(s) for the purpose of promoting and publicizing of the Department's programs and/or events. If I prefer to not allow the above registered participant(s) to be photographed, I will call 410-386-2103 to register my request.

