



“THROUGH THE COOPERATIVE EFFORTS OF “
Harford County Department of Parks and Recreation and
Cedar Lane Sports Foundation

Cedar Lane Regional Park Waiver Form

Cedar Lane Regional Park (CLRP)
Waiver Form (Adult and Minor)

First Name:

M.I.

Last Name:

Date of Birth:

Gender (M/F):

Emergency Phone Number:

League or Event: 6 v 6 Soccer League

Waiver – Please Read and Sign

Release and Indemnity

(**Adult** – 18 years of age or over; **Minor** – under 18 years of age)

READ CAREFULLY BEFORE SIGNING

In consideration of my, or my child or ward's, participation in the above-referenced Event at CLRP, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my own or my child or ward's behalf, and on behalf of my or my child or ward's heirs, executors and administrators, I hereby release and forever discharge the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or ward's participation in such activity, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney's fees and disbursements. For this event, and in the event that my child or ward or I choose to participate in any other activity at CLRP, the "Released Parties" are Cedar Lane Sports Foundation and Harford County Government, together with their officers, directors, employees, and volunteers. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death) and property damage, whether suffered by me, or my child or ward, before, during or after such participation. I declare that I, or my child or ward, are physically fit and have the skill level required to participate in this particular Event. I further authorize medical treatment for myself, or my child or ward, at my cost, if the need arises. I also understand that my child or ward or I may be required to leave the CLRP, should my child or ward or I exhibit undesirable conduct. I further grant the Released Parties, the right to photograph and/or videotape me or my said child or ward and further to display, use and/or otherwise exploit my or my said child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, or for any other purposes whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted. This Agreement shall be governed by the laws of the State of Maryland.

I certify I am 18 years of age or older.

Date

Adult Signature Required
(Participant, Parent or Guardian)

Please Print Name of Participant