



**Participant Information** (Name must match birth certificate)

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Age as of 8/1/2014                                      Weight (as determined by Physician)                                      Date

\_\_\_\_\_  
Name of Football/Cheer Organization

**Physician Statement**

I certify that I have examined the athlete for participation in the Howard County Football/Cheer Program.

- The athlete can participate in the 2014 season
- The athlete cannot participate in the 2014 season

\_\_\_\_\_  
Physician's Signature                                      Date

Please print or use a stamp:

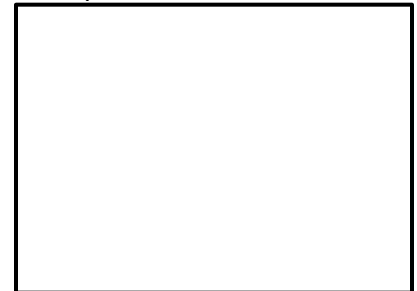
\_\_\_\_\_  
Physician Name                                      Affiliation

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Phone

Stamp here:



**Waiver**

I am aware that while participating in recreational activities arranged by Howard County Recreation & Parks, certain risks and dangers may be present, including but not limited to those generally associated with the activity, transportation, accidents or illness and forces of nature.

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fee and the County's costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arise from participation in the Howard County Football program except to the extent that such loss or damage is occasioned by the negligent act or omission of the County, its officers, agents or employees and no negligence on the part of the Participant.

\_\_\_\_\_  
Signature of Parent or Guardian                                      Date