

## **ADULT Waiver or Release of Liability, Assumption of Risk and Indemnification Town of Perryville**

### **Release, Waiver and Indemnification Requirement:**

Each organization shall cause all of its participants to complete and sign this form. If under 18 years of age a parental or legal guardian consent agreement is required.

**YOU MUST USE THIS FORM, WHICH HAS BEEN APPROVED BY THE TOWN  
ATTORNEY. ONLY THIS FORM WILL BE ACCEPTED.**

**DO NOT ALTER THIS FORM**

In consideration of being permitted to participate in any sports activity on Town of Perryville owned land, I, the undersigned, acknowledge, agree and understand:

- 1. Voluntarily and of my own free will, I elect to participate as a member of the team and organization indicated below.**
- 2. There are certain risks and hazards involved in participation in any sport, including the one I have here elected to participate in. Those hazards may be associated with weather conditions, playing conditions, equipment and other participants, among other things.**

Further, I, the undersigned participant, agree that in consideration for the right to play as a member of the team designated, and in consideration for permission to play on the fields or courts arranged for by the team or organization throughout this year:

- 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for by my team or organization for practice or play.**
- 2. I release, discharge and hold harmless the team and organization designated below, the facility owner or other entity designated below, the Town of Perryville, its officers, agents, associations, employees, or any person or entity connected with the team, organization, or facility for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from any cause related to my participation as a member of the team.**
- 3. I agree and warrant that if at any time I believe conditions to be unsafe I will immediately discontinue further participation in the activity.**

**Seasonal** play Waivers must be signed **BEFORE** *any* participants take the field. **Seasonal** play waivers are due in Town of Perryville Parks Office at 515 Broad St, Perryville, MD 21903 before the first scheduled date of practice and/or game. **Tournament/Daily Use** Waivers are due in the Town of Perryville Parks Office at 515 Broad St, Perryville, MD 21903 before the scheduled date of tournament or daily use.

The President/Designated Representative of the organization is responsible for assuring that **NO PLAY** will take place **UNTIL** signed waivers are received from all participants.

**ADULT Waiver Form**  
**FOR ADULT FIELD PARTICIPANTS 18 YEARS OF AGE AND OVER**

ADULT Field Participant Waiver or Release of Liability, Assumption of Risk and Indemnification Agreement Town of  
Perryville  
Signature Page

As a participant, I have read the agreement found on Page 1, fully understand its terms, understand that I have given up substantial rights by signing and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**TEAM NAME:** \_\_\_\_\_ **ORGANIZATION NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_ **SEASON:** \_\_\_\_\_

Full Name must be written

**Name:(printed)** \_\_\_\_\_ **County of Residency** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I affirm that I understand and agree to this waiver and other terms on both sides of this ADULT Waiver Form.**

**(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

**Name:(printed)** \_\_\_\_\_ **County of Residency** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I affirm that I understand and agree to this waiver and other terms on both sides of this ADULT Waiver Form.**

**(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

**Name:(printed)** \_\_\_\_\_ **County of Residency** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I affirm that I understand and agree to this waiver and other terms on both sides of this ADULT Waiver Form.**

**(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

**Name:(printed)** \_\_\_\_\_ **County of Residency** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I affirm that I understand and agree to this waiver and other terms on both sides of this ADULT Waiver Form.**

**(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

Each Box must be fully completed to be accepted. Use as many or as few boxes as appropriate.