

Howard County Terps Participation Waiver

I understand the Howard County Terps does not provide medical or hospitalization insurance whatsoever. The undersigned hereby waives any and all claims against the Howard County Terps or any other person affiliated with the Howard County Terps for injuries sustained while watching or playing games, practicing, training, conditioning, or traveling to or from organization activities, including but not limited to any other Howard County Terps sports activities ("Activities"). I hereby state that _____, ("Participant") is in good health and has a letter from my family physician that my child is medically cleared to participate in the Activity. It is my responsibility to notify the head coach if any reason should develop that my child should not participate. In case of an emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.

IN CONSIDERATION of being permitted to participate in any way in the Activity, I for myself for personal representatives, assigns, heirs, and next of kin:

- (i) ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that the Participant is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- (ii) FULLY UNDERSTAND THAT:
 - a. The activity involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks And Dangers");
 - b. these Risks and Dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releases" named below;
 - c. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity.
- (iii) HEREBY RELEASE, discharge, and covenant not to sue Howard County Terps Football Association Inc., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without 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.

Howard County Terps have my permission to photograph and video my child participating in the Activity and to post on our team website or any other form.

Refund Policy: Registration Fees are non-refundable. Medical exceptions may be considered if put in writing. I further acknowledge that I have read and fully understood the above mentioned facts and I certify that all answers, to the best of my knowledge, are true and correct.

Participant Name

Parent Guardian Name

Parent Guardian Signature

Date

Cell Phone number