



ADULT WAIVER / PARTICIPATION AGREEMENT

I request permission to participate in the _____ Sports Program sponsored by New Castle County. I agree to abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the Sports Program and the use of the facilities provided for the Sports Program. I understand that my failure to observe these rules may result in my being excluded from participation in the Sports Program.

I represent that I am physically able to participate in the Sports Program. I fully understand and agree that my participation in the Sports Program may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, resulting from my participation in the Sports Program. I further agree to release, indemnify and hold harmless the Sports Program and New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of my participation in the Sports Program.

I will be personally responsible for any financial cost incurred as a result of my participation in the Sports Program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for loss, misplaced, stolen and/or damaged personal property and I hereby agree to release New Castle County from any such liability.

The undersigned has read and voluntarily signed this waiver / permission slip.

Name (print) _____ Signature _____ Date of Birth _____
Address _____ Home Phone _____ Work Phone _____
Team _____ Uniform No. _____ Date _____



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