

DEPARTMENT OF COMMUNITY SERVICES

77 Read's Way • New Castle, DE 19720

(302) 395-5890

<http://www.nccdesports.com>



YOUTH WAIVER AGREEMENT

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

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

I will be personally responsible for any financial costs incurred as a result of his/her participation in the 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 lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

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

Child's Name (print) _____ Date of Birth _____ Program _____
Address _____ Home Phone _____ Work Phone _____
Signature(s): Father/Guardian _____ Mother/Guardian _____ Date _____
Team Name _____ Jersey Number _____

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