



2027 EASTERN SHORE ELITE VOLLEYBALL Winter Clinic PARTICIPANT CONTRACT



Participant Information

Full Name: _____ Birth Date: _____ Age: _____ Shirt Size: _____

Address: _____ Phone: _____

Parent/Guardian Name: _____

Phone: _____ Email (required): _____

☐ Please check here if you would **not** like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

How did you hear about us?

☐ Social Media
☐ TV

☐ Radio

☐ A Friend/Word of Mouth

☐ News Paper
☐ Billboard

☐ Flyer/Print Material
☐ Other

Payment Information

Payment Amount: **\$85.00**

Payment Type:

☐ Cash

☐ Check

☐ Credit Card (MC or Visa)

Medical Information and Waivers

MEDICAL INFORMATION Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

May the Program Director call to discuss this accommodation? Yes _____ No _____ May the coach be informed of the above listed conditions? Yes _____ No _____

CONCUSSION WAIVER In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For additional information I understand that I may call 1-800-232-4636 or go to www.cdc.gov/concussioninyouthsports.

GENERAL WAIVER In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

Photograph Waiver: Wicomico County, Maryland may photograph or record your child during programs and activities. You understand and agree that these materials become the sole property of Wicomico County, Maryland. You hereby irrevocably authorize Wicomico County, Maryland to use your child's likeness in photographs, video images, or other digital reproductions (collectively the "likenesses") for educational, informational, public relations, or other lawful purposes, including but not limited to within its publications, website, social media and print content, and further authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute the likenesses. In addition, you irrevocably waive your right to inspect or approve the finished product, including written or electronic copies, wherein your child's likeness appears. On behalf of the child named below, you waive the right to royalties, other compensation, or other considerations arising from or related to the use of the likenesses. You hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, damages, demands, and causes of action which you, your child, or either of your heirs, representatives, executors, administrators or other persons acting on your behalf or on behalf of your estate, have or may have by reason of such likenesses.

COVID-19 SCREENING: Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. Screening upon arrival on site will be required. If you answer yes to any of these questions or have a temperature higher than 100.4 degrees Fahrenheit at any point in time you stay home and not return to activity until you have been cleared and have a medical release. If you fail to agree to screening, you are not allowed to participate or attend.

By signing below, I represent that I am the lawful parent or guardian of the child named below, have authority to execute this agreement on the child's behalf, and I understand and agree to the terms and conditions outlined in the paragraphs above.

Parent Signature

Date