



Shore Soccer Summer Camp 2024 Participation Waiver



PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Guardian Name: _____

PHONE #: _____ EMAIL: _____

ADDRESS _____

Camp Information- Select the Division based on your child's age.

Group 1 (Ages 6-9) Group 2 (Ages 10-12)

August 15th-18th 10:00 am – 3:00 pm

*Participants should bring non-perishable lunch

PAYMENT INFORMATION-

Payment Amount: **\$140.00** Cash Check Credit Card (MC or Visa)

Credit Card #: _____ Exp. Date: _____ Verification Code (3-digit): _____

Signature: _____

WAIVER & MEDICAL INFORMATION

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.dcd.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.

Participant's Name _____

Parent/Guardian Signature _____

Date _____