

Howard County Recreation and Parks Medical Release Form

Participants Legal Name
(MUST MATCH BIRTH CERTIFICATE)

Last _____ First _____ Middle _____

Football Association: LAUREL STEELERS

I hereby certify that I have examined the above named participant. I understand that they will be involved in the Howard County Football Program.

Please check one:

- The athlete can participate in the 2009 season.
 The athlete cannot participate in the 2009 season.

Age of child as of 8/01/2009: _____ Weight of child _____

Doctor's Signature: _____ Date: _____

PLEASE PRINT OR USE A STAMP

Doctor's Name: _____

Affiliate _____

Address: _____

City: _____ Zip: _____

Phone: (____) _____

STAMP HERE

I am aware that while participating in a recreation activity or program arranged by the Howard County Department of Recreation and Parks, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, or illness, and of those forces of nature.

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of _____ (name) in _____ (Program) except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Parent/Guardian: _____ Date: _____