



MECKLENBURG COUNTY PARK AND RECREATION DEPARTMENT
2018 Dodgeball OFFICIAL ROSTER/WAIVER FORM

In consideration of being permitted to participate in the 2018 Dodgeball event, I, THE UNDERSIGNED, for myself, my heirs, personal representative or assigns, do HEREBY RELEASE, WAIVE AND DISCHARGE MECKLENBURG COUNTY, and its PARKS & RECREATION DEPT (MCPRD) its AGENTS, EMPLOYEES, OFFICERS, REFEREES, AND FACILITIES FROM any and ALL CLAIMS, DEMANDS, ACTIONS, AND JUDGMENTS, including attorney fees, WHICH I MAY HAVE, OR CLAIM TO HAVE, AGAINST the County or the Parks and Recreation department, FOR ALL PERSONAL INJURIES, AND ALL INJURIES TO PROPERTY, BOTH REAL AND PERSONAL, CAUSED BY, OR ARISING OUT OF, PARTICIPATION IN these GAMES, OR OTHER LEAGUE/TOURNAMENT SPONSORED FUNCTIONS BY THE County through the MCPRD, IT'S AGENTS, EMPLOYEES, AND OFFICERS.

I HAVE NO PHYSICAL CONDITION THAT WOULD PREVENT ME FROM PARTICIPATING IN THE LEAGUE/TOURNAMENT SPONSORED BY the County through the MCPRD. I AM IN GOOD HEALTH AND PHYSICAL CONDITION. I FULLY UNDERSTAND THE DANGERS INVOLVED IN THIS TYPE EXERCISE, FUNCTION, COMPETITION AND PRACTICE. I AM VOLUNTARILY participating in this activity. I KNOWINGLY ASSUME any and all risk, known or unknown to me, associated with my participation.

I understand that MCPRD RECOMMENDS ALL PARTICIPANTS HAVE A HEALTH PHYSICAL OR CONSULT their DOCTOR IF they ARE UNSURE OF their PARTICIPATION IN THIS TYPE ACTIVITY. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PLAYER OR PARTICIPANT TO MAINTAIN HIS/HER OWN HEALTH AND ACCIDENT INSURANCE. MCPRD ACCEPTS NO RESPONSIBILITY IN THIS MATTER. MCPRD IS NOT RESPONSIBLE FOR ITEMS LOST OR STOLEN; OR PROPERTY DAMAGE.

I HAVE READ THIS DOCUMENT AND I SIGN IT FREELY. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT INCLUDING RELEASING MECKLENBURG COUNTY THROUGH THE PARK AND RECREATION DEPARTMENT FROM ALL LIABILITY ON MY BEHALF.

ALL PARTICIPANTS MUST SIGN BELOW TO BE ELIGIBLE TO PARTICIPATE.

LEAGUE: _____ **SEASON:** _____

TEAM NAME: _____ **DATE:** _____

CAPTAIN'S NAME (MUST COMPLETE): _____

| | PLAYER'S LAST NAME | PLAYER'S FIRST NAME | SIGNATURE | Emergency Contact Person | Emergency Contact Phone # |
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Roster Verification Signature: _____ **Date:** _____