



**Mecklenburg County
 Park and Recreation**

MECKLENBURG COUNTY PARK AND RECREATION DEPARTMENT
2021 Softball OFFICIAL ROSTER/WAIVER FORM

In consideration of being permitted to participate in the 2021 Softball 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.

Participation in Mecklenburg County Park and Recreation Programs, Activities and Services during the COVID-19 pandemic.

COVID-19, the illness caused by the "novel coronavirus", is an extremely contagious virus that spreads easily through the air by coughing or sneezing, person-to-person contact including touching and shaking hands or through touching your nose, mouth or eyes before washing your hands. The World Health Organization (WHO), The Center for Disease Control (CDC), and additional Federal, State and local health agencies recommend social distancing as one of the means to limit or slow the spread of the virus. Complications of COVID-19 may include severe illness, long term or permanent disabilities, worsening of existing chronic medical conditions or death. Your participation in Mecklenburg County programs or accessing Mecklenburg County facilities could increase the risk of contracting COVID-19. Mecklenburg County in no way warrants that COVID-19 exposure or infection will not occur through your participation in Mecklenburg County programs or accessing Mecklenburg County facilities.

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 #
1					
2					
3					
4					
5					
6					
7					
8					
9					



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	PLAYER'S <u>LAST</u> NAME	PLAYER'S <u>FIRST</u> NAME	SIGNATURE	Emergency Contact Person	Emergency Contact Phone #
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Roster Verification Signature: _____ Date: _____