



Participant Information (Name must match birth certificate)

Last Name _____ First Name _____ Middle Name _____
Age as of 8/1/2018 _____ Weight (as determined by Physician) _____ Date _____
Name of Football/Cheer Organization _____

Physician Statement

I certify that I have examined the athlete for participation in the Howard County Football/Cheer Program.

- ☐ The athlete can participate in the 2018 season
☐ The athlete cannot participate in the 2018 season

Physician's Signature _____ Date _____

Please print or use a stamp:

Stamp here:

Physician Name _____ Affiliation _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Waiver

I am aware that while participating in recreational activities arranged by Howard County Recreation & Parks, certain risks and dangers may be present, including but not limited to those generally associated with the activity, transportation, accidents or illness and 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 fee 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 arise from participation in the Howard County Football 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 or Guardian _____ Date _____