

**HARRINGTON  
RECREATION  
DEPARTMENT**

[Website](#)

114 East Liberty Street  
Harrington, DE 19952  
398-7975

FOR OFFICE USE ONLY

Paid

Date  
Amount  
Cash  
Check Number  
Online  
Initials

**Individual Player Registration/Waiver Form Volleyball Skills Clinic/Cost \$40.00**

Participant First Name Last Name DOB

Parent/Guardian First Name Last Name

(PARENT INFORMATION NEEDED FOR ALL PARTICIPANTS UNDER AGE 18)

Participant's Age Parent Email Address

Address City State Zip

Daytime Phone Cell

Medical Information: Please list below any medical conditions and/or allergies that you think we should know about.

**Emergency Contact Information:**

Name Relationship Phone

**Consent and Liability Waiver-Release of all claims (must be signed to participate)**

I, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_ (minor child). As lawful consideration for my minor child being permitted to participate in the Harrington Recreation Department sports program, camp, or any other activity at or through the Harrington Recreation Department facilities. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute the Harrington Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance the Harrington Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions arising out of or connected in any way with my minor child's participation in the sports program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of the Harrington Recreation Department, and their affiliates, sponsors, and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS THE HARRINGTON RECREATION DEPARTMENT AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years of age or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines, regulations, the conduct of the program, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from the Harrington Recreation Department, their affiliates, sponsors, and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND THE HARRINGTON RECREATION DEPARTMENT, AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that the Harrington Recreation Department, and their affiliates, sponsors, and employees may use my child's photograph in future promotions.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

**Cost: \$40.00 \*Fee Non-Refundable**

**\*\*ALL PLAYERS MUST HAVE A SIGNED INDIVIDUAL WAIVER FORM ON FILE BEFORE PARTICIPATION\*\***

PLEASE EMAIL FORM(S) BACK TO [BSTULIR@HARRINGTONDELAWARE.GOV](mailto:BSTULIR@HARRINGTONDELAWARE.GOV)