



HARRINGTON PARKS & RECREATION

114 E Liberty St. Harrington, De 19952

302-398-7975 or jstarkey@harringtondelaware.gov

Harrington Parks and Recreation Waiver Form

Participant First Name

Last Name

Parent/Legal Guardian First Name

Parent/Legal Guardian Last Name

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 photographs in future promotions.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

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

Basketball Camp Information Form

I. Participant Name:

II. Parent or Legal Guardian Name:

Phone:

Email:

III. Please list those who have permission to pick up the participant.

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|---------|--------|-----------|
| - Name: | Phone: | Relation: |
| - Name: | Phone: | Relation: |
| - Name: | Phone: | Relation: |

If there are any additional individuals that have permission to pick up your child, the above listed legal Parent or Guardian must advise a camp coordinator. Please bring a valid drivers license for pickup.

IV. Please list all allergies or health concerns that you feel camp counselors should be made aware of. If none, enter N/A

V. Please list any medications below. If none, enter N/A

Camp Contact Information

Camp Coordinator Contact: Joshua Hutchinson

Phone: 302-422-1104 ext. 1603

Email: Jhutchinson@milford-de.gov

Camp Coordinator Contact: Jackson Starkey

Phone: 302-398-7975

Email: jstarkey@harringtondelaware.gov

Please contact us with any concerns during the camp. If you plan to pick up early or have someone picking up your child that is not listed, please make us aware as soon as possible.

Parent or Legal Guardian:

(Print Name)

Parent or Legal Guardian:

(Signature)