



# Overlea Cup 2019

## Tournament Roster & Waiver Form

### AUGUST 9th, 10th & 11th

Team Name	Jersey Color	Team Gender	Age Group / Division
		B      G	U      GOLD      SILVER

Coach etc.	Name (Last Name, First)	Address, City, Zip	H Phone	C Phone	Email Address
C					
AC					
Mgr					

Name (Last Name, First)	Jersey #	Address, City, Zip	Phone	DOB	Parent Signature
1.					
2.					
3.					
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18.					

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity. I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this roster form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this roster form is incorrect or changes through the course of the activity. I shall present a government-issued photo identification card including, but not limited to, birth certificate or players card to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

**I certify that the above information is true and correct. Signed: Coach \_\_\_\_\_ Date: \_\_\_\_\_**