



## Kershaw County Parks and Recreation Co-ed Kickball Team Roster

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Captain's Email and Phone Number: \_\_\_\_\_

Team Uniform Colors: Option 1: \_\_\_\_\_

Option 2: \_\_\_\_\_

Option 3: \_\_\_\_\_

First Name/Last Name	Date of Birth	Shirt Size
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Kershaw County Parks and Recreation Department

1042 West DeKalb Street, Camden, SC 29020

[www.kershawrec.com](http://www.kershawrec.com)

WAIVER AND RELEASE

I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward (hereinafter referred to as my child) for and allowing his or her participation in the Kershaw County Parks and Recreation Department (hereinafter referred to as KCPRD) youth athletics program, related events and/or activities (the Program), I am WAIVING and RELEASING all claims for myself and my child arising out of such registration and participation. In consideration of KCPRD accepting me and/or my child as a participant in the Program, I hereby agree as follows:

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:** I have informed myself about the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my child have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my child on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program.

**WAIVER AND RELEASE OF CLAIMS:** I hereby agree to, and do, waive, release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my child on whose behalf I am signing, may have against KCPRD and/or its officers, agents, employees, related or affiliated individuals or entities, sponsors and/or their representatives, successors and assigns arising out of, connected with, or in any way related to the Program or my own or my child's participation therein.

**EMERGENCY CARE:** In the event of an emergency, I authorize KCPRD to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any all such treatment rendered. This consent includes First Aid and Transportation to and from health care providers.

**USE OF IMAGES:** In consideration of my minor child/ward being allowed to participate in the KCPRD youth athletics program, related events and/or activities, I agree that photographs and/or videos of my child's participation in KCPRD programs, related events and/or activities may be used by KCPRD to promote its sports, activities, events and facilities through publications and other social media and outlets, including but not limited to, KCPRD's website and Facebook page. I understand these photos and/or videos may be taken without my receiving compensation and without my granting additional approval.

Refund Policy:

A 100% refund of program fees paid will be granted if the request is made prior to the start of program or class or if participant cannot be placed on a team or in a class due to unforeseen reasons.

Absolutely NO REFUNDS after the first game or the start of a class.

TEAM NAME: \_\_\_\_\_

	<u>Print Player's Name (First and Last)</u>	<u>Signature</u>
1.		
2.		
3.		
4.		
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6.		
7.		
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9.		
10.		
11.		
12.		
13.		
14.		
15.		