



McDowell County Parks & Recreation Department
Adult League Sports Contract



Participant's Full Name: _____

Participant's Age and Date of Birth: _____ (Age) _ _____ (DOB)

Physical Address: _____

Mailing Address if Different: _____

The above-named participant agrees to play _____.

I / We will, upon my / our honor, live up to the premise and ideals of good sportsmanship at all times. I / We promise to adhere to the rules and regulations of MCP&R and the league. My / Our failure to do so will automatically suspend me / us from further competition. I / We understand that signing this contract means I (child) will stay with this team for the duration of the season (with no exceptions).

I / We acknowledge that contagious nature of COVID-19 and voluntarily assume all risk that my child and I may be exposed to or infected by the COVID-19 virus while attending any event sponsored by MCP&R or any sponsoring agent, staff person, or volunteer connected with such activities.

I / We understand that no liability is accepted by the McDowell County Parks and Recreation Department or any sponsoring agent, staff person, or volunteer connected with the above-mentioned activities.

McDowell County Parks and Recreation Tenants

- 1. The purpose of all Adult League Sports is to create a safe, athletic environment for adults to have fun.
2. McDowell County Parks and Recreation activities / programs are open to everyone, regardless of sex, race, color, religion, national origin or disability. Out Programs are designed to afford our residents with an opportunity to participate in organized, supervised recreational programs.
3. Insurance coverage may be offered by MCP&R or another organization.
4. The above-mentioned participant, I hereby grant my consent for practice and play in athletic events. I also grant permission for any treatment deemed necessary for a condition that may arise during participation in these events. Including medical or surgical treatment recommended by a medical professional. I understand that every effort will be made to contact me prior to treatment. The participant is adequately covered by medical insurance. The McDowell County Parks and Recreation Department will not assume responsibility for any claim due to injury incurred by the participant before, during and after practice and play of programs / events.

I / We have had an opportunity to read the rules and regulations governing the above-mentioned activity as set forth by McDowell County Parks and Recreation. I / We hereby consent for my youth to participate in the above-mentioned program. If playing football, I / We further understand that football is a contact sport and my / our child will be a participant.

Parent / Legal Guardian's Signature: _____ Date: _____

Child / Participant's Signature: _____ Date: _____