

City of Dover Parks & Recreation Department

Waiver - Release Statement For Player Under 18 Years of Age

Circle Sport: Field Hockey Lacrosse Softball Volleyball Other: _____

Team Name: _____

PLEASE PRINT AND FILL OUT COMPLETELY CITY OF DOVER RESIDENT - YES [] NO []
Parent/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (home) _____ (work) _____ (other) _____
Email address: _____

Participant/Player Information

Player's First, M.I., Last Name _____ Age _____ DOB _____

RELEASE STATEMENT: I understand that the City of Dover provides no medical coverage for participants unless specified and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover and all other parties involved in the conduction of these activities. I understand that any participant under the age of 18, playing in an adult league, must be accompanied by a parent/guardian at all City of Dover League games. I agree that any photographs taken during the event shall be and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Parent/Guardian Signature: _____ Date: _____

This waiver-release statement must be returned to Parks & Rec Department prior to participation.

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