



Department of Recreation and Parks
111 Maryland Avenue • Rockville, Maryland 20850 240-314-
8620 • fax 240-314-8659
www.rockvillemd.gov

Player Agreement — League Kickball

I understand:

- 1) There are inherent dangers involved in participation in the sport of kickball.
- 2) I must be aware of the risks and hazards associated with participation in league kickball, including but not limited to:
 - a) Injuries caused by a hit or thrown ball.
 - b) Collisions with other players or immovable objects, such as fences, signs, water fountains, etc.
 - c) Slips and falls, either on wet turf, over bases, or for other reasons.
 - d) Weather-related injuries caused by hot and humid conditions, and severe weather such as lightning storms.
 - e) Various other athletic injuries related to sports and play.
- 3) The rules and regulations that govern participation in league kickball, as available to all players and teams in written form and/or as explained by City staff.
- 4) The possible consequence of participating in these activities include the possibility of serious injury or even death.

I agree:

- 1) To obey the rules and regulations that govern participation in City of Rockville league kickball play.
- 2) To examine the field and facilities prior to the beginning of each game or practice and inform a staff member of any dangerous or potentially hazardous situations I observe.
- 3) To use common sense in determining my physical abilities and stamina and keep my level of play within sensible limits.

RELEASE

I know that participation in league kickball play is a potentially hazardous activity, and I should not participate unless I am medically able and properly trained. I assume all risks associated with participation in league kickball including, but not limited to falls, sprains, fractures and other athletic injuries; contact with other participants, bats and balls, fences or other immovable objects that comprise part of the playing field; effects of weather, including heat and humidity, all such risks being known and appreciated by me. I agree to abide by the rules that govern league kickball participation, and by the decision of City officials relative to my participation in league kickball. Having read this Player Agreement and fully understanding all the risks, rules and requirements pertaining to league kickball play, and in consideration of the City of Rockville's acceptance of my registration in the league kickball program, I do hereby, on behalf of myself, my heirs, executors, administrators and assigns, **assume all risks** associated with the participation in such a program. I do further **release, hold harmless and indemnify** the Mayor and Council of Rockville, and all of its agents, officers, officials and employees from any and all claims for injuries or loss to any person or property, including but not limited to my own, which may arise out of or result from my participation in the league kickball program.

For program participation during the COVID-19 virus epidemic, I voluntarily accept, acknowledge my agreement, and will follow the following conditions or requirements:

- I verify that within the past 14 days, neither myself, or any member of my household has shown any symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.
- I verify that I have not been engaged in a high risk (of COVID-19 transmission) activity such as being in a crowd or attending gatherings without face masks and social distancing.
- I agree and accept that the City may take my temperature upon arrival at the program and as needed throughout the duration of the program. I accept and agree that if I develop a temperature of 100.4 or current CDC recommendations, I will be sent home. In addition, if I develop any symptoms highlighted in Paragraph 1 during the program or I or anyone in my household tests positive for COVID-19, I will promptly report that information to the City and I will not be able to participate in the program.
- I agree and accept the risk that the program could be closed at any time based on a person experiencing COVID-19 symptoms.
- I agree to and understand that if I fail to follow these requirements that I will not be allowed to participate in the program.
- I understand and accept that the City will do its best to enforce all applicable recommendations which may assist in offering protection from the COVID-19 epidemic including, but not limited to, physical distancing, limited sharing of supplies, frequent cleaning and disinfecting and hand washing, but understand that the nature and atmosphere of recreational programs may not allow for

Please sign your name on the reverse side of this form to indicate you understand and agree to the provisions and conditions of the foregoing Player Agreement and Release.

Team Name _____

Sport _____

Division _____

Night(s) _____

Season _____

Year _____



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Coach's Name _____

Address _____

City/Zip _____

Home # _____

Work # _____

Email Address _____

Player Roster, Agreement and Release

In signing this Roster, I acknowledge that I have read, understand, and agree to all of the provisions and conditions set forth in the Player Agreement and Release set forth on the reverse side of this page.

NAME (print legibly)	ADDRESS (STREET, CITY, ZIP)	EMERGENCY CONTACT AND PHONE #	SIGNATURE OF PLAYER
1			
2			
3			
4			
5			
6			
7			
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