

SOUTHERN MARYLAND DIVAS
TRAVEL FLAG FOOTBALL TEAM

**LIABILITY WAIVER, RELEASE OF CLAIMS, ASSUMPTION
OF RISK, TRAVEL WAIVER, AND INDEMNIFICATION
AGREEMENT**

THIS IS A LEGALLY BINDING DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

Participant Information

Participant Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name (if minor): _____

Phone Number: _____

Emergency Contact: _____

Assumption of Risk

I acknowledge that participation in Southern Maryland Divas activities, including practices, games, tournaments, travel, transportation, and lodging involves inherent risks, including but not limited to serious injury, disability, illness, or death. I voluntarily assume all risks associated with participation, whether known or unknown.

Release of Liability

I hereby release, waive, and discharge Southern Maryland Divas, its owners, coaches, volunteers, sponsors, and representatives from any and all liability, claims, demands, or causes of action arising out of participation, including medical expenses, injuries, disability, or death, whether caused by negligence or otherwise.

Medical Responsibility

I understand that Southern Maryland Divas does not provide medical insurance and I am fully responsible for all medical expenses. I authorize emergency medical treatment if necessary and accept full financial responsibility.

Travel and Lodging Waiver

I understand that participation includes travel by vehicle, airplane, or other transportation and lodging in hotels or accommodations. I accept all risks associated with transportation and lodging

and release Southern Maryland Divas from liability related to travel incidents.

Indemnification

I agree to indemnify and hold harmless Southern Maryland Divas from any claims, damages, or legal costs arising from participation.

Acknowledgment

I have read and fully understand this agreement. I voluntarily agree to its terms and understand that I am waiving important legal rights.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Southern Maryland Divas Representative: _____ Date: _____

Notary Public: _____

Commission Expires: _____