HOWARD COUNTY ASSOCIATION OF THE DEAF, INC
LIABILITY WAIVER FORM AND RELEASE OF ALL CLAIMS

In consideration of being allowed to participate in any way in the Howard County Association of the Deaf, Inc. (HCAD) and its affiliated non-profit organizations and member clubs, athletics/sports program, and related activities and events and recreations, the undersigned participant agrees to the following criteria:

1. Participant agrees that prior to participating, he/she should inspect the facilities and equipment to be used, and if anything is found unsafe, he/she should immediately advice the coach or manager of such conditions and refuses to participate.
2. As a participant in the HCAD basketball program, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of my participation in the HCAD basketball program.
3. I understand that HCAD carries no medical insurance for injuries sustained by participants. Therefore, each person participating in the HCAD basketball program should review their own health insurance policy for coverage with the understanding that the absence of health insurance coverage does not make HCAD responsible for the payment of incurred medical expenses.
4. Each participant must have appropriate health insurance and accident for participation in the HCAD basketball program. It is each participant's responsibility to verify his or her own health insurance. Each participant must complete Liability Waiver form prior to start of first game.
5. HCAD assumes no liability for injuries or damages arising from result of participation. Due to the strenuous nature of involved activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present inherent risks and hazards which the participant assumes full responsibility.
6. Participant agrees not to sue the Howard County Association of the Deaf, Inc., its affiliated non-profit organizations, their respective administrators, directors, agents, coaches, and other staff of the organization, affiliates, and other fellow participants for any injury he/she may incur. I understand that I am responsible for my own insurance in case of injury. Furthermore, I understand that although safety precautions will be strictly observed, HCAD will not be responsible for any personal property lost by the participant or for any injury sustained in the program.
7. Participant certifies that his/her participation in the activities is voluntary and I am not in any way under duress nor coerced by the coaches, directors, and agents of the Organization.
8. I agree to waive and relinquish any and all claims against HCAD and its affiliated non-profit organizations, their respective administrators, directors, officers, trustees, agents, coaches, servants, employees and other staff of the organization, affiliates and other fellow participants from any and all claims from injuries, including death, damages and loss arising out of, connected with, or in any way associated with the activities of the HCAD basketball program.
9. I further agree to indemnify and hold harmless and defend HCAD and its affiliated non-profit organizations, its respective administrators, directors, officers, trustees, agents, coaches, servants, employees, other staff, affiliates and other fellow participants from any and all claims from injuries, including death, damages and loss arising out of, connected with, or in any way associated with the activities of the HCAD basketball program.
10. Participant agrees the terms of this liability release shall be constructed according to the laws of the State of Maryland.

I have read the HCAD 3-on-3 Basketball Rules and the above Liability Waiver form and understand and agree to abide by all provisions therein.

IN SIGNING THIS RELEASE, I acknowledge and represent that I have read the foregoing Liability Waiver and understand it and sign it voluntarily as my own free act and deed; no oral representations, statements of inducements, apart from the written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

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| Printed Name of Participant | Signature of Participant | Today's Date |