



Howard County Dart Association  
New Membership Application  
**ALL INFO MUST BE COMPLETED FOR NEW MEMBERS**

Name: _____	
Address: _____	City: _____ St: _____ Zip: _____
Ph Numbers: _____	Cell Home Work (circle) _____ Cell Home Work (circle) _____
E-Mail Address: _____	

I agree to abide by the rules of the Howard County Dart Association (HCDA). I will play in a friendly and sportsmanlike manner and support and promote HCDA.

**Howard County Dart Association Player Waiver, Release of Liability and Indemnification Agreement**

**I the undersigned player, acknowledge, agree and understand that:**

1. Voluntarily and of my own free will I elect to participate as a member of the association indicated below.
2. I understand that there are certain risks involved in participating in any sport that may result in injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.

**Further, I, the undersigned player, agree that in consideration for the right to play as a member of the association designated below and in consideration for permission to play at the establishments arranged for by the team or league:**

1. I voluntarily elect to accept and assume all risks of injury suffered by me (a) while practicing or playing as a member of the association so designated, (b) while serving in non-playing capacity as a team member during practice or play by other members on my team and (c) while on or upon the premises of any and all facilities arranged for by my team or league for practice, play or meetings.
2. I release, discharge and hold harmless the association designated below, the facility owner or other entity designated below, the Howard County Dart Association, its officers, agents, or any person or entity connected with the association or facility for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from any cause related to my participation as a member of the association.

**Team captains and League Representatives should thoroughly inspect the facility before each use for unsafe conditions. Any unsafe conditions must be reported to a HCDA League Representative immediately.**

**I acknowledge that I have read and that I understand each and every one of the provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.**

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Parent or Legal Guardian must sign for member who is under 21 years of age and must accompany the minor during league play. Payment of league fees must accompany this application. An additional fee will be assessed for returned checks.