

## Howard County Dart Association Substitution Information

	Name: DAVE SCIMARELLA
	Address: 5548 APRIL JOURNEY  City: COLUMBEA St: MD Zip: 21044
	City: COLUMBEA St: MD Zip: 21044
	Home Phone: Cell Phone:
	E-Mail Address: DAVED. SCIAHARGLE @GHAIL . COM
***	*THIS SHEET MUST BE SENT IN WITH THE SCORE SHEET*****  Substitutes may play a maximum of three times per season  before they are required to join the HCDA league.
As a substitute, I agree and sportsmanlike mar	to abide by the rules of the Howard County Dart Association (HCDA). I will play in a friendly mer and support and promote HCDA.
<ol> <li>I the undersigned pla</li> <li>Voluntarily an</li> <li>I understand the me or other plane</li> </ol>	Association Player Waiver, Release of Liability and Indemnification Agreement yer, acknowledge, agree and understand that: d of my own free will I elect to participate as a substitute of the association indicated below, not there are certain risks involved in participating in any sport that may result in injury or death to ayers, including but not limited to those hazards associated with weather conditions, playing uipment, and other participants.
Further, I, the under designated below and league:	signed player, agree that in consideration for the right to play as a substitute of the association in consideration for permission to play at the establishments arranged for by the team or
<ol> <li>I voluntarily elesubstitute of the practice or play arranged for by</li> <li>I release, dischedesignated belothe association</li> </ol>	ect to accept and assume all risks of injury suffered by me (a) while practicing or playing as a e association so designated, (b) while serving in non-playing capacity as a team member during by other members on my team and (c) while on or upon the premises of any and all facilities my team or league for practice, play or meetings.  The argument of the association designated below, the facility owner or other entity ow, the Howard County Dart Association, its officers, agents, or any person or entity connected with or facility for any claim, damages, costs or cause of action which I have or may in the future have juries or damages sustained or incurred by me from any cause related to my participation as a e association.
I acknowledge that I liability and indemnif	have read and that I understand each and every one of the provisions in this waiver, release of figation agreement and agree to abide by them.
Signature:	Date: 7/7/2)
Parent/Guardian:	Date:
league play.	Combant must sign for prayer who is under 21 years of age and must accompany the minor during

league play.



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443-878-2557		MEMBER AT LARGE	443-285-3050 301-310-9764	HER	STEVE SHELTON KENDRA MATHER	TREASURER
240-486-0075	ARGE MIKE KENT	MEMBER AT LARGE	440-915-5075	HER	PATRICK MATHER	PRESIDENT
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