

LAKE ROLAND PROGRAM SIGN-IN & WAIVER _ rev. Sep 2019

Program: _____

Day / Date / Time: _____

Staff / Leader: _____

Age Limitation: _____

Cost: ___\$ per person ___

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risk and danger of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risk, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge Baltimore County Recreation and Parks, the Lake Roland Nature Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

	NAME (print name of all participants)	SIGNATURE (only 1 adult signature is needed for children)	Payment Method (cash or check, amount)	Adult/E-mail Address (to receive program calendar)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Number of Attendees Prepaid: _____

Number of Attendees Paid Day of Program: _____ Total Collected – Checks: _____

Total Collected – Cash: _____

TOTAL COLLECTED ONSITE (checks + cash): _____ This should match the \$ you are leaving for LRNC.

TOTAL # PAID ATTENDEES _____

TOTAL # ATTENDEES, with Volunteers _____

RECEIPT # _____

COMPLETED BY: _____