



REGISTRATION FORM

SPRING 2023 PROGRAMS & EVENTS

PARTICIPANT'S LAST NAME

FIRST NAME

DATE OF BIRTH

PARENT/GUARDIAN'S NAME (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE (home)

PHONE (work or cell)

EMAIL ADDRESS

EMERGENCY CONTACT NAME

EMERGENCY PHONE (Is this a cell phone? ☐ Yes ☐ No)

See the reverse of this form for the Waiver of Liability and Authorization for Use of Photographic Likeness.

Program Name	Program #	# Attending	Per Person Fee	Total \$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Comments/Special Instructions

Make checks payable to Carroll County Commissioners and mail to:

Carroll County Department of Recreation and Parks
300 S. Center Street
Westminster, MD 21157

SUBTOTAL	\$
Membership discount applied	-
TOTAL	\$

Save a stamp, register online at ccrec.recdesk.com or call 410-386-2103 • Don't forget to read & sign the back!

For more information and to register, visit ccrecpark.org.

WAIVER OF LIABILITY, COVID-19 INFORMATION & AUTHORIZATION FOR USE OF PHOTOGRAPHIC LIKENESS

Waiver of Liability

I, in my legal capacity as parent/legal guardian of the minor(s) named on the *Carroll County Department of Recreation and Parks Registration Form*, or as a participating adult over the age of eighteen (18), recognize and acknowledge that there are certain risks of physical injury, property damages and expenses which my child(ren) or I may sustain as a result of participating in this Program. I further agree on behalf of the minor(s) named on the *Carroll County Department of Recreation and Parks Registration Form* or myself, heirs, representatives, executors, administrators and assigns to assume all risk and agree to fully release, discharge, indemnify, hold harmless and defend Carroll County Government and its employees, volunteers, agents, and servants from any and all claims for personal injury, property damage, death or accident of any kind arising out of or in any way related to the participation in the Program, however the injury or damage occurs.

COVID-19 Information

I, on behalf of my child(ren) or myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact and that the Carroll County Government does not warrant or guarantee that you, your child(ren), your spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in the Program. I have independently evaluated the risks of being exposed to or infected by the COVID-19 virus and have determined to participate or allow my child(ren) to participate in the Program. Finally, understanding those risks, I, for myself, my child(ren), my spouse, or legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, and after participating in the Program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child(ren)'s parent or guardian is encouraged to consult with a physician concerning the participant's fitness to participate in the Program.

Authorization for Use of Photographic Likeness

I agree to allow the Carroll County Department of Recreation and Parks to take and utilize photographic images of the registered individual(s) for the purpose of promoting and publicizing of the Department's programs and/or events. If I prefer to not allow the above registered participant(s) to be photographed, I will call 410-386-2103 to register my request.

PARTICIPANT'S SIGNATURE

Parent(s) and/or Legal Guardian(s) signature if participant is under the age of 18.

DATE

PRINTED NAME



Carroll County Department of Recreation and Parks
**WAIVER OF LIABILITY, COVID-19 INFORMATION &
AUTHORIZATION FOR USE OF PHOTOGRAPHIC LIKENESS**