Activity: As registered for this event

PRINT PARTICIPANT NAME:

Per the Registration Names

WAIVER FOR VOLUNTEER ACTVITIES

I hereby approve of the terms of this registration/medical release form. I further agree that I will not hold any Cromwell Valley Park Council (CVPC) organizer, leader, sponsor, supervisor, volunteer leader or participant responsible for injuries or any unforeseen accident while participating in this volunteer program, or while traveling to and from or being transported for this activity. I hereby acknowledge that I have read and fully understand the above-mentioned facts. I further certify that all answers, to the best of my knowledge, are true and correct.

1. **I give my permission for CVPC leaders to call emergency medical systems and 911 should the need occur.**
2. **I give my permission for CVPC leaders to provide basic field medical triage as needed or deemed necessary and I agree not to hold such person liable for any "Good Samaritan" efforts made in the field.**
3. **I give permission for Cromwell Valley Park Council to take photographs of me either individually or part of our group for use on our social media or newsletters.**

Waivers and Participant Info

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

Baltimore County Dept. of Recreation & Parks and Cromwell Valley Park Council

Part 1 - 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 risks and dangers of bodily injury or death and damage to property.

I fully accept and acknowledge the activities may involve risks, 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 fully accept and I fully accept and acknowledge that I consent to basic field medical triage as needed or deemed necessary such as would be contained in a basic first aid kit or rendered to an individual in need.

I fully accept and acknowledge that I consent to photography, taping, and recording of my likeness and consent to its use. For purposes of clarity, I expressly waive any and all rights I may have in connection with my appearance and likeness.

I hereby agree to the waiver and release written above, the Digital Signature of Participant is acknowledged by registering for this event.

Part 2 - ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I acknowledge that Baltimore County, Maryland, the Cromwell Valley Park 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 an 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 hereby agree to the waiver and release written above, the Digital Signature of Participant is acknowledged by registering for this event.

Part 3 - ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

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, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity.

I shall inform Cromwell Valley Park Council in writing if any information provided in this Registration Form is incorrect or changes throughout the course of the activity.

I hereby agree to the waiver and release written above, the Digital Signature of Participant is acknowledged by registering for this event.

VOLUNTEER RULES:

1. **Age Minimum: 18**
2. **No pets, sorry!**
3. **NO ALCOHOL. NO TOBACCO. NO NON-PRESCRIPTION DRUGS.**
4. **Everyone will be courteous and respectful of all others at all times.**