

Scoopers Spring Clinic

NAME: _____ **AGE:** _____

Parents Email: _____

Parents Contact Number: _____

Mailing Address: _____

Years Experience: _____

Parent/Guardian Release:

RELEASE FORM: In consideration of my, or my child's or ward's participation in the Top of the Bay Camps at Cedar Lane Regional Park, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my own or my child or ward's behalf, and on behalf of my or my child's or ward's heirs, executors and administrators, I hereby release and forever discharge the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or my ward's participation in such activity, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorney's fees and disbursements. For this event, the "Released Parties" are Cedar Lane Sports Foundation, Harford County Parks & Rec, Harford County Government and Top of the Bay, Inc, together with officers, directors, employees and volunteers. I understand that this Release and Indemnity Agreement includes claims based on the negligence, action or inaction of any of the above Release Parties and covers bodily injury (including death) and property damage, whether suffered by me or my child or ward, before, during or after such participation. I declare that I, or my child or ward are physically fit and have the skill required to participate in this particular Event. I further authorize medical treatment for myself, or my child or ward, at my cost, in the need arises. I also understand that my child or ward or I may be required to leave Cedar Lane Regional Park, should my child or ward or I exhibit undesirable conduct. I further grant the Release Parties, the right to photograph and/or videotape me or my said child or ward and further to display, use and/or otherwise exploit my or said child's or ward's name, face, likeness, voice, and appearance forever and through the world, in all media, where now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers and magazines) and in all forms including, without limitation, digitized images, where for advertising, publicity or promotional purposes, including, without limitation, publication of Event results and standings, or for any other purposes whatsoever, without compensation, reservation or limitation. The Released Parties, are, however, under no obligation to exercise said rights herein granted. This Agreement shall be governed by the laws of the State of Maryland.

Parent/Legal Guardian Signature **Date**

Please make check payable to:
 Top of the Bay

Mailing Address:
 3250 Level Road
 Churchville, MD 21028