

PARTICIPANT AGREEMENT / FITNESS WAIVER / LIABILITY RELEASE FORM

I and my child understand:

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity, program or camp.
3. That I and my child must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries. If I had any questions on what is required, I and my child will have contacted the camp contact ahead of enrollment.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff, must be followed. Failure to adhere to the rules and regulations may result in a child being suspended from a program with no refund given, after notification is made to a parent regarding disciplinary or conduct problems.
5. That the possible consequences of participating in these activities includes the possibility of serious injury.
6. That in EMERGENCIES requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Payment for enrollment in this program authorizes the responsible person at the program to have my child transported to that hospital.

I and my child agree:

1. My child will obey the rules and regulations for each activity and to follow the directions of the staff.
2. My child will inform a staff member of any dangerous or potentially hazardous situation that may be observed.
3. That if my child does not understand how an activity is performed or how a piece of equipment is to be used, they will ask a staff member prior to beginning that activity.
4. My child will inform a staff member if they have any problems meeting the physical requirements necessary for participation in any activities.

I and my child are aware that while participating in a recreation activity or program arranged by the Long Reach Athletic Boosters and supported by HCPSS and other Staff, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, of illness, and of those forces of nature. I, my heirs, and all personal representatives agree to indemnify and defend Long Reach High School, Howard County Public Schools, and Long Reach Boosters and its directors, officers, and volunteers harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of the enrolled participant in the enrolled program.

In lieu of any physical signature, making payment for any/all summer program:

1. Serves as my consent to my child's participation in the physical activities expected.
2. Acknowledges that I have carefully read this document and fully understand it is a release of liability.
3. Acknowledges that I have carefully read the Concussion and Sudden Cardiac Arrest documentation provided on the Viking Backers website.
4. Acknowledges that I and my child will follow all applicable HCPSS and Howard County local guidance related to COVID and that my child will not attend camp if exhibiting symptoms of being sick with COVID or any other illness.