HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS
7120 Oakland Mills Road ▪ Columbia, Maryland 21046 ▪ 410-313-4640

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FITNESS WAIVER & RELEASE FORM

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program, and hold Howard County, Maryland and its employees harmless for my activities. If applicable, I have obtained medical clearances needed to use the equipment and/or start an exercise routine. I agree that if I engage in any physical exercise or activity, or use any County equipment on the premises, I do so entirely at my own risk. I agree that I am voluntarily participating in these activities and the use of these facilities and premises. I assume all risks of injury, illness, or death. In addition, the County is not responsible for any loss of my personal property. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment in the facility and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision. I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. I expressly release and discharge the County, and all employees, agents, representatives, successors, or assigns, from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the County or its employees for personal injury or property damage.

I Have Read This Waiver

Signature :_____ Date: _____
Printed Name: _____
Address: _____

If Applicant is under 18 years of age, Signature of Parent or Guardian:
I hereby consent to my child's in physical activity as described above. I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. On behalf of myself and my child, I expressly release and discharge the County, and all employees, agents, representatives, successors, or assigns, from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that my child or I may otherwise have to bring a legal action against the County or its employees for personal injury or property damage.

Signature :_____ Date: _____
Printed Name: _____
Address: _____

Medical Issues for Participant We Should Be Aware of:
_____

Emergency Contact: _____ Phone: _____

Cell Phone: _____