



SPECIALIZED ACTIVITY PERMISSION SLIP & WAIVER OF LIABILITY

Activity Location/Date/Time: _____ Cost: \$ _____

Name of Program: _____

Name: _____ Male: _____ Female: _____ Age: _____

Name of Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact(s): _____

Phone: (H) _____ (W) _____ (C) _____

Please Indicate Medical Concerns/Allergies/Special Needs: _____

**CHECK ALL SPECIALIZED ACTIVITIES THAT APPLY:
PARENT MUST INITIAL AFTER EACH CHECKED ACTIVITY.**

ACTIVITY	PARENT INITIALS	OTHER ACTIVITY (Please specify below)	PARENT INITIALS
<input type="checkbox"/> Horseback Riding		<input type="checkbox"/>	

RELEASE OF LIABILITY & PARENT/GUARDIAN'S AGREEMENT/AUTHORIZATION/RELEASE: I understand that participation in the specialized activities set forth above carries inherent risks including the risk of serious injury or death. I acknowledge that any activity involving, but not limited to: water, height, motion, and rotation in a unique environment may be extremely hazardous. I understand and acknowledge that participation in any of the listed activities is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff of the M-NCPPC to obtain medical/hospital treatment for the above participant in the event of an emergency.

I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the Maryland-National Capital Park and Planning Commission's program, including transportation in approved vehicles (M-NCPPC Vehicles, Board of Education School Buses, or Commercial Motor Coaches). I acknowledge that the M-NCPPC Department of Parks and Recreation has a policy for conduct in recreation programs and facilities and I hereby agree that the participant is subject to said policies, including the disciplinary provisions.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the Maryland-National Capital Park and Planning Commission ("Commission"), as well as individuals and entities related to the Commission, including but not limited to the Commission's commissioners, directors, officers, employees, agents, principals, attorneys, and successors and all persons acting by, through, under or in concert with any of them from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injured sustained by me or my child as a result of his/her participation in the programs stated above.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Signature of Participant or Parent/Guardian if participant is under 18

Date