



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION  
MONTGOMERY COUNTY, DEPARTMENT OF PARKS

**SPECIALIZED ACTIVITY PERMISSION SLIP & WAIVER OF LIABILITY**

Camp Name: \_\_\_\_\_

**Camper Information**

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

|   | <u>Parent Initials</u> |  | <u>Parent Initials</u> |  | <u>Parent Initials</u> |
|---|------------------------|--|------------------------|--|------------------------|
| <input type="checkbox"/> AMUSEMENT PARK     | _____                  | <input type="checkbox"/> WATERCRAFT    | _____                  | <input type="checkbox"/> SWIMMING        | _____                  |
| <input type="checkbox"/> WHITEWATER RAFTING | _____                  | <input type="checkbox"/> ROCK CLIMBING | _____                  | <input type="checkbox"/> GO CARTS        | _____                  |
| <input type="checkbox"/> ROAD CYCLING       | _____                  | <input type="checkbox"/> ARCHERY       | _____                  | <input type="checkbox"/> MOUNTAIN BIKING | _____                  |
| <input type="checkbox"/> HIGH/LOW ROPES     | _____                  | <input type="checkbox"/> SKATING       | _____                  |  |                        |
| <input type="checkbox"/> OTHER:             | _____                  |  |                        |  |                        |

**Montgomery Parks\* Specialized Activity Liability Release and Authorization**

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/or 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 I should not participate in any activity beyond my physical or medical condition, which makes me uncomfortable, or which I consider unsafe.

I hereby represent and warrant as of the date of this registration that I am the parent/guardian of the participant, and am authorized to provide the releases, authorizations, and/or permissions as follows: (1) the participant is physically and medically fit to participate in all program activities; (2) I certify that all information provided in this registration is accurate and complete; (3) I agree to release Montgomery Parks, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of the participant in the program as registered; (4) By way of copy of this form, I authorize the staff of Montgomery Parks to obtain medical/hospital treatment for this participant in the event of an emergency; (5) I give permission for the participant to participate in all program activities, including field trips in approved vehicles, Montgomery Parks vans and coach buses; and (6) Unless I write otherwise to Montgomery Parks prior to start of camp, photographs of participant may be taken while participating in camp activities and are approved for use in Montgomery Parks publications without notice to me. No personal information other than the participant's first name will be released under any circumstances except as required by law. I agree to indemnify, defend, and save harmless Montgomery Parks from and against all actions, liabilities, claims, suits, damages, costs, and expenses of any kind which may be brought or made against the Montgomery Parks, due to injury, loss or damage to persons or property as a result of negligence, willful acts or force majeure (including, but not limited to, inclement weather) arising from the participant's participation in Montgomery Parks Summer Camps.

\*The term "Montgomery Parks" means the Maryland-National Capital Park and Planning Commission's Montgomery County Department of Parks and any other staff of the Commission.

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

\_\_\_\_\_  
Date