



# REGISTRATION FORM

PARTICIPANT'S LAST NAME

FIRST NAME

DATE OF BIRTH

PARENT/GUARDIAN'S NAME (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE (home)

PHONE (work or cell)

EMAIL ADDRESS

EMERGENCY CONTACT NAME

EMERGENCY PHONE (Is this a cell phone? Yes No)

*See the reverse of this form for the Waiver of Liability and Authorization for Use of Photographic Likeness.*

Program Name	Program #	# Attending	Per Person Fee	Total \$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Comments/Special Instructions

Make checks payable to Carroll County Commissioners and mail to:

Carroll County Department of Recreation and Parks  
300 S. Center Street  
Westminster, MD 21157

<b>SUBTOTAL</b>	\$
Membership discount applied	-
<b>TOTAL</b>	\$

# WAIVER OF LIABILITY & AUTHORIZATION FOR USE OF PHOTOGRAPHIC LIKENESS

## Waiver of Liability

I, in my legal capacity as parent/legal guardian of the minor(s) named on the *Carroll County Department of Recreation and Parks Registration Form*, or as a participating adult over the age of eighteen (18), recognize and acknowledge that there are certain risks of physical injury, property damages and expenses which my child(ren) or I may sustain as a result of participating in this Program. I further agree on behalf of the minor(s) named on the *Carroll County Department of Recreation and Parks Registration Form* or myself, heirs, representatives, executors, administrators and assigns to assume all risk and agree to fully release, discharge, indemnify, hold harmless and defend Carroll County Government and its employees, volunteers, agents, and servants from any and all claims for personal injury, property damage, death or accident of any kind arising out of or in any way related to the participation in the Program, however the injury or damage occurs.

## Authorization for Use of Photographic Likeness

I agree to allow the Carroll County Department of Recreation and Parks to take and utilize photographic images of the registered individual(s) for the purpose of promoting and publicizing of the Department's programs and/or events. If I prefer to not allow the above registered participant(s) to be photographed, I will call 410-386-2103 to register my request.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

*Parent(s) and/or Legal Guardian(s) signature if participant is under the age of 18.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



Carroll County Department of Recreation and Parks  
**WAIVER OF LIABILITY, COVID-19 INFORMATION &  
AUTHORIZATION FOR USE OF PHOTOGRAPHIC LIKENESS**