SPECIALIZED ACTIVITIES & PHOTOGRAPH RELEASE FORM

Howard County 4-H Camping Program

(Initial which of the activities listed below your child is allowed to participate in during camp)

_____ Archery

_____ Canoeing

_____ Low Ropes Challenge Course

_____ Riflery

_____ Swimming

_____Water Rockets

I give permission for _____ to participate in the activities I have initialed listed above. I realize these are higher risk programs and that all safety precautions will be followed by the camp staff. I understand that the instructors are certified to teach each subject. Additional staff members will be present to give support to this program.

During 4-H Camp at the Western Maryland 4-H Education Center camp staff, directors, and counselors take photographs of the children involved in various activities throughout the week. These photos may be used on the Howard County 4-H website, in the 4-H newsletters, and brochures.

Initial one of the following:

_____ I *grant* permission for my child's photographs from the 2009 4-H Camp to be used in Howard County 4-H publications. I understand granting permission will allow the general public to view these photos.

_____ I *do not grant* permission

I do hereby release, discharge and hold harmless and indemnify the Maryland Cooperative Extension, University of Maryland System, and State of Maryland, and all regents, officers, employees, agents, successors and assigns thereof, from any and all claims and demands of whatever nature, actions, causes of action appeals, obligations, liabilities, promises, suits, rights, charges, damages, punitive damages, cost, loss of service, loss of employment opportunity, emotional suffering, cost of litigation, humiliation, embarrassment, mutual anguish, injury of reputation, personal injury, and any and all other legal, equitable or administrative relief of any kind, known or unknown, suspected or unsuspected, having already resulted or to result in the future, as a result of or relating to my participation in the above program and/or activity.

I, the undersigned, acknowledge that I sign this Release knowing and intelligently and with full and complete knowledge of the purpose of said program and without any form of duress and/or intimidation whatsoever on the part of the Cooperative Extension, University of Maryland System.

Parent/Guardian Signature: _____

Date: _____

The College of Agriculture and Natural Resources' programs are open to all citizens without regard to race, color, gender, disability, religion, age, sexual orientation, marital or parental status, or national origin.