



Baltimore County Department of Recreation and Parks The Center for Maryland Agriculture

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

WHEREAS, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people; and

WHEREAS, on March 5, 2020, Governor Lawrence J. Hogan, Jr. (the "Governor") of Maryland proclaimed a state of emergency and catastrophic health emergency, to control and prevent the spread of COVID-19 within the State of Maryland (the "State"); and

WHEREAS, on May 6, 2020, the Governor issued an Executive Order permitting political subdivisions to open certain outdoor public spaces to the general public (such as parks, sports fields and courts, beaches, dog parks, and playgrounds), subject to certain restrictions; and

WHEREAS, on May 13, 2020, the Governor issued an Executive Order further expanding the ability of political subdivisions to permit team sports activities; and

WHEREAS, on May 27, 2020, the Governor issued an Executive Order further expanding the ability of political subdivisions to permit team sports activities by allowing for outdoor youth team sports; and

WHEREAS, the Baltimore County Department of Recreation and Parks (the "Department") has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the Department cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

.....
I hereby confirm that the Participant does not have an elevated temperature or otherwise exhibit any symptoms of COVID-19, is in good health and able to participate in the Recreation/Nature Council Program.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and knowingly and voluntarily assume the risks that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the Recreation/Nature Council Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risks of becoming exposed to or infected by COVID-19 at the Recreation/Nature Council Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Baltimore County, Maryland or Recreation/Nature Council employees, volunteers, and program participants and their families.

I knowingly and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the Recreation/Nature Council Program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless Baltimore County, Maryland, the Recreation/Nature Council, and their respective elected/appointed officials, employees, agents, representatives, successors and assigns of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that these 2 releases include any Claims based on the actions, omissions, or negligence of Baltimore County, Maryland, the Recreation/Nature Council, and their respective elected/appointed officials, employees, agents, representatives, successors and assigns after participation in any Recreation/Nature Council Program.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW

Print Name of Participant (s)

Print Name of Parent/Guardian of Participant(s)

Signature of Participant OR Parent/Guardian of Participant(s) Date

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an activity representative and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto, as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. I shall present a government issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Name _____

Date _____

Signature _____



EVENT NAME: 4-H Spring Paper Chase w/ Schooling Opportunity

EVENT DATE(S) & LOCATION: April 2, 2022 at the Baltimore County Ag Center & grounds in Cockeysville, MD

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Contact with animals that may be associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. I understand that the personal belongings in possession or control of youth participants of this event are subject to search and confiscation by 4-H faculty/staff or designated volunteers for the health and safety of youth participants and other persons, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within. Items subject to search include, but are not limited to: clothing, bags, purses, luggage, computers and/or electronic devices, assistive devices, vehicles, and their contents. Spaces assigned for personal use at this event, such as sleeping quarters, lockers, etc. are under 4-H control at all times and are also subject to search as described above. Search of property/space owned, possessed, or occupied by an adult will be conducted by law enforcement personnel, if necessary. Law enforcement personnel may always conduct lawful searches for law enforcement purposes.



5. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.
6. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
7. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS //MY CHILD CANNOT PARTICIPATE.

4-H Youth
 Adult (over age 18)
Participant's Status

Printed Name of Participant

Participant's Signature

*Printed Name of Parent/Guardian

*Parent/Guardian's Signature

Date

****PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***