SPECIALIZED ACTIVITIES RELEASE FORM
Howard County 4-H Camping Program

Please clearly circle either PERMIT or DENY for the five activities below. We cannot allow a camper to participate in any of these activities unless there is a clearly marked “PERMIT” for that activity. Please address each of the five activities.

PERMIT / DENY Archery

PERMIT / DENY Low Ropes Challenge Course

PERMIT / DENY Kayaking

PERMIT / DENY Riflery

I give permission for _____________________________ to participate in the activities listed above so noted by circling the word “Permit” in front of the activity. I realize these are higher risk programs and that all proper safety precautions will be followed by the instructors. I understand that the instructors are certified to teach each activity. Additional staff members may also be present to provide additional support to the certified staff for these activities. Campers who have the word “DENY” circled will not be allowed to participate in the activities so designated.

I do hereby release, discharge and hold harmless and indemnify the University of Maryland Extension, University of Maryland System, and State of Maryland, and all regents, officers, employees, volunteers, 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 with knowledge of the purpose of said program and without any form of duress and/or intimidation whatsoever on the part of the University of Maryland Extension, University of Maryland System.

Parent/Guardian Signature: ____________________________________________

Date: ____________________________

The University of Maryland Extension programs are open to any person and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.