



PARTICIPANT AGREEMENT / FITNESS WAIVER / LIABILITY RELEASE FORM

I and my child understand and agree:

1. That, prior to the first day of camp, my child must have had all vaccinations required for public school students in Howard County.
2. That there are inherent dangers in any recreational activity, program, or camp.
3. That I and my child are both aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, physical training, and various athletic injuries, including injuries sustained in contact sports. If I or my child have any questions or concerns about what is required, I and my child will have communicated them to camp staff prior to the first day of camp.
4. That the rules and regulations for each activity, as explained in any written materials and/or verbally explained by staff, must be followed. Failure to adhere to the rules and regulations may result in my child being suspended from a program with no refund.
5. That the possible consequences of participating in these activities include serious injury and death.
6. That in EMERGENCIES requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Payment for enrollment in this program authorizes the responsible staff member at the program to have my child transported to that hospital by any expedient means.

I and my child agree:

1. My child will obey the rules and regulations for each activity and follow the directions of the staff.
2. My child will inform a staff member of dangerous or potentially dangerous situations my child observes.
3. If my child does not understand how an activity is performed or how a piece of equipment is used, they will ask a staff member prior to beginning that activity.
4. My child will inform a staff member if they have any problem meeting the physical requirements necessary for participation in any activities.

I and my child are aware that while participating in a recreation activity or program arranged by the Centennial Boosters, Inc. and supported by HCPSS, certain risks and dangers may be present, including but not limited to those generally associated with athletic activities, the hazards of traveling the public highways, accidents, illness, and forces of nature or acts of god. I, my heirs, and all my agents agree to indemnify and defend Centennial High School, Howard County Public School System, Howard County, and Centennial Boosters, Inc. and its directors, officers, employees and volunteers from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from my child's participation in the enrolled program. **I agree that, In lieu of any physical signature, making payment for camp:**

1. Serves as my expression of consent to my child's participation in the physical activities expected.
2. Acknowledges that I have carefully read this document and fully understand that it is a release of liability and that I agree to all the terms and conditions contained herei.
3. Acknowledges that I have carefully read the Concussion and Sudden Cardiac Arrest documentation provided on the Centennial Boosters website at <http://www.centennialboostersonline.com>.
4. Acknowledges that I and my child will follow all applicable HCPSS and Howard County local guidance related to COVID-19 and that my child will not attend camp if exhibiting symptoms of being sick with COVID-19 or any other illness.