



OFFICE ON AGING AND INDEPENDENCE

WAIVER & RELEASE FORM

Name: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Other: _____

I understand that the activity for which I have registered may present certain inherent risks and hazards that I, as a participant, am willing to assume. Due to the strenuous nature of certain activities, I understand that I am encouraged to consult the instructor to learn about the particular activity and then to consult my physician concerning my fitness to participate. If applicable, I have obtained from my physician the medical clearance to use the equipment and/or start an exercise program. Howard County, Maryland (“the County”) and the Office on Aging and Independence (“the Office”) reserve the right to deny participation to me at any time based on health or safety considerations or to require certification from a physician before my participation.

In consideration of my participation in any of the activities or programs conducted by the Office, I hereby waive all claims and release the County, the Office, and their respective officials, employees, agents, and volunteers from all liability for damage or injury of any kind that may arise, directly or indirectly, from my participation. I also will follow the rules and regulations set by the County or the Office. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision.

I do hereby grant to the County and the Office the right to use my image or likeness in any photo, digital image, or video/audio recording, taken or made on behalf of the County or the Office in conjunction with their advertising, publicity, promotion, or training.

(Please initial): Yes _____ No _____

Signature: _____ Date: _____

Print Name: _____

I hereby acknowledge I received a copy of the Privacy Notice:

Signature: _____ Date: _____