

Program Name: Skate Park on Wheels

Date of Program: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

**HEALTH HISTORY**

Date of last tetanus Shot: \_\_\_\_\_

Allergies: Are there any allergies that Howard County Department of Recreation and Parks Staff should be aware of: (please circle) Yes No If yes, what allergies? \_\_\_\_\_

In the event of an allergic reaction, what action (if any) will Howard County Department of Recreation and Parks staff be expected to take? \_\_\_\_\_

Are you taking any medication? (please circle) Yes No

If so, are you requesting that the Department of Recreation and Parks staff administer the medication? (please circle) Yes No (If yes, please complete a medication order form and attach it to the form)

Please explain any other specific problems or health concerns which may affect your participation in the activities offered in this program? \_\_\_\_\_

Are there any other concerns or health issues that you would like Howard County Department of Recreation and Parks staff to be aware of? Are there any special instructions in case of an emergency? \_\_\_\_\_

I understand:

1. That there are inherent dangers in any recreational activity or program.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material which has been provided by the Howard County Department of Recreation and Parks.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

I agree:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware that while participating in a recreation activity or program arranged by the Howard County Department of Recreation and Parks, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards or traveling the public highways, of accidents, illness, and of those forces or nature.

I agree to release Howard County and to indemnify and defend the County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's cost of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of \_\_\_\_\_ (Name of Participant) in SKATE PARK ON WHEELS, except to the extent that such loss, injury or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_