HOWARD COUNTY LIBRARY SYSTEM
Public Education for All

Enchanted Garden
Release Form

Class/Class Series/Activity: __ **Steam Powered Book Club**___

For ages: __**7-9**____ Date(s): ___ **Thursday, April 20 from 6:30 – 7:15 pm**

[*Please print*] I, _____ give permission to my child,
First MI Last

_____ to participate in
First MI Last

the above noted class, series of classes, or activity taking place in Howard County Library System's (HCLS) Enchanted Garden, located adjacent to the HCLS Miller Branch on the above noted date.

I understand that:

▪All or part of this class will take place in the Enchanted Garden, an outdoor teaching venue that includes water, wildlife, plants, and other natural features.

▪Certain inherent conditions that pose *potential risks and dangers* are present in the Enchanted Garden—conditions that can lead to accidents, injury, illness, sunburn, allergic reactions, etc., even death, as my child will be exposed to the elements, forces of nature, as well as surroundings, that can cause same (for example: water—collected, standing, and moving; garden tools and implements; allergens; sun; plant life; insects and wildlife; natural terrain; rocks; and unfinished wood).

I further understand that:

▪This class may require my child to move to and from the interior of the Miller Branch and the Enchanted Garden.

▪My child will be directly exposed to existing weather conditions.

▪My child must wear shoes at all times.

▪Miscellaneous garden tools and implements are present in the Enchanted Garden, and may be used by class participants.

▪My child may be digging, with his/her hands, in dirt and/or mud.

▪Food and beverages may be available to my child as part of this class, including produce.

▪HCLS staff will call 911 in the event of an emergency.

▪A parent, guardian, or caregiver must attend this class with any child younger than **eight (8)** years old.

Release from Liability. I, my successors and assigns, agree to save and hold harmless HCLS and Howard County, MD, their officers, employees, and agents, from all cost, injury and damage incurred as a result of my child's participation in this class, and from any other injury or damage to any person or property whatsoever, resulting from my child's participation in this class.

Age of child: _____ Parent/Guardian signature: _____ Date: _____

Tel.: (h) _____ (c) _____

Email: _____