



Physical Activity *RELEASE FORM*

Please Print

Class/Event: My Gym

For ages: 1-4 with adult Location: Miller Branch Library

Date(s): 3/13/2025 Time(s): 11:00 am

I, _____ give permission for myself and/or my child,

First

Last

_____ to participate in the above noted class,

First

Last

series of classes, or event taking place at the above noted Howard County Library System (HCLS) branch during the above noted date(s) and time(s).

I understand:

- That any form of physical activity involves *potential risks and dangers* that can result in injuries, and even death, especially for those with certain conditions, including but not limited to: asthma, diabetes, and high blood pressure.
- The importance of consulting with my or my child's doctor or other health practitioner before starting any new exercise program.
- HCLS staff will call 911 in the event of an emergency. I or my child must wear shoes at all times. 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 release, discharge, indemnify and hold HCLS and Howard County, (MD), their officers, employees, and agents, harmless for any and all damage to my and/or my child's person or property while I and/or they are participating in this class/activity/event.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Physical Activity Release Form on behalf of myself and/or my child.

Self/Parent/Guardian signature: _____ Date: _____

Phone: (preferred #) _____ Email: _____

In case of emergency notify: _____ Relationship to participant: _____

Phone: (preferred #) _____