



FIELD TRIP (Minor Child)

Freetown Farm

8000 Harriet Tubman Lane

Columbia, MD 21044

We will depart from Miller Library by bus

Student's Name _____ Age: _____

Parent or Guardian's Name _____

Phone Numbers:

Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

Emergency Contact Information:

Name: _____ Phone: (____) _____ - _____

Are there any allergies that trip leaders should be aware of?

Are there any special accommodation that your child may need for participation in the activity? Circle Yes or No.

If yes, a minimum of one week's notice is required. Please contact _____ at 301-_____.

By my signature below, _____ (the "Participant") has permission to attend the field trip (the "Activity"). As a condition for participation in the Activity, the parent or guardian of the Participant signing below represents to the Howard County Library System ("HCLS") and agrees to the following:

The Activity may include, but is not limited to, the following components: travel to, from, and during the Activity (e.g., bus, car, walking); physical activities (which may include such activities as walking on uneven ground, jumping on trampolines, running, hiking, etc.); physical exertion (which may include such things as moving or lifting heavy objects); exposure to the elements (e.g., sun, rain, wind); and/or consumption of food and/or beverages.

There are inherent risks in travel or participation in the Activity. The signor understands and acknowledges that the Activity may expose the Participant to risks that may include, but not be limited to, serious bodily injury, death, damage or loss of my own property or the property of others, and other harm. On behalf of the Participant, the signor accepts and voluntarily assumes responsibility for any and all risks of injury, damage or harm to the Participant or to any property, known and unknown, which may arise during or in connection with the Participant's travel to/from and/or participation in the Activity.

The signor, on behalf of the Participant and the Participant's executors, administrators, heirs, or assigns, hereby waives any and all claims against, causes of action against, liability by the Howard County Library System, its officers, employees, volunteers, and agents ("HCLS Released Parties"), for injury to the Participant's person or property, damages, costs, and/or expenses, which arise during or in connection with Participant's travel to/from and/or Participant's participation in the Activity, whether caused by the Participant's negligence, negligence by the HCLS Released Parties, or by any other person and/or entity. On behalf of the Participant, the signor hereby releases and forever discharges all HCLS Released Parties from all such losses.

To the fullest extent allowed by law, the signor, on behalf of the Participant and the Participant's executors, administrators, or heirs, or assigns, hereby agrees to hold harmless the HCLS Released Parties, for, from and against any and all losses which arise during or in connection with the Participant's travel to/from and/or participation in the Activity, to the extent caused by the Participant and/or the HCLS Released Parties' or any other person and/or entity's negligence or from the Participant's reckless or intentional acts.

The waiver, release, discharge, and hold harmless clauses stated in this document shall not extend to any gross negligence or intentional harm committed by any HCLS Released Parties, acting within the scope of their employment.

The signor, on behalf of the Participant, grants HCLS permission to attend to the Participant and to call for emergency medical services, if reasonably required. I understand that HCLS shall have no responsibility to pay for the cost of medical treatment, transportation, and related costs arising or resulting from any such event.

The signor, on behalf of the Participant, authorizes HCLS and its agents to make photographic, video, and/or audio recordings of the Participant, and to use the Participant's name, image, likeness, voice, and/or performance (the "Recordings") in any and all of its publications, including its website, without payment or other consideration. On behalf of the Participant, the signor understands and agrees that the Recordings will become the property of HCLS, and authorizes HCLS to edit, alter, copy, distribute and publish the Recordings for any lawful purpose, including publicity and promotional purposes. On behalf of the Participant and the signor, the signor waives any right to inspect or approve the final product.

If the participant is under 18 years old, the participant's parent or legal guardian must sign below. By signing this document, the signor acknowledges that s/he had adequate opportunity to read and understand it and to ask questions, and that any such questions have been answered to the satisfaction of the signor.

Participant Name (Print)

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date