

INFORMED CONSENT AND LIABILITY WAIVER RELEASE

FOR PARTICIPATION IN A PHYSICAL ACTIVITY PROGRAM

I, _____, hereby agree to the following:

1. I am participating in _____ class(es), offered by an instructor during which I will receive information and instruction about _____. I recognize that _____ requires physical exertion that may be strenuous and may cause physical injury, I am fully aware of the risks and hazards involved and that it is MY RESPONSIBILITY to modify any movements to fit my limitations and level of conditioning.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes.
3. In consideration of being permitted to participate in classes, I voluntarily and knowingly agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result in participating in the class(es) and acknowledge my informed consent to do so.
4. In further consideration of being permitted to participate in these classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized Instructor(s), Harford County Public Library Board of Trustees and its employees, agents or representatives, and Harford County, Maryland and its employees, agents or representatives, for damages and injury, including death, resulting from the ordinary negligence of the Instructor, or resulting from any facility in which the classes are located, that I may sustain as a result of participating in these classes.
5. I, my heirs, assigns, spouse and legal representatives forever release, hold harmless, waive, discharge and covenant not to sue the Instructor(s), the Harford County Public Library Board of Trustees, or Harford County, Maryland and their respective employees, agents or representatives for any injury or death caused by my voluntary participation in these classes.
7. My signature below also acknowledges my agreement that I may be videotaped, audio recorded and/or photographed during the class(es), and that the Harford County Public Library Board of Trustees may use and modify the images and/or recordings for any and all uses, including but not limited to advertisements and marketing without any compensation.
8. The undersigned agrees that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Maryland and that if any portion is held invalid, it is agreed that the balance

will remain in full legal force and effect. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in these classes.

Signature of Participant (or Parent/Guardian if Participant under age 18) Date



Name of Participant (if under age 18)



Email



Phone