



**PROGRAM REGISTRATION FORM**

Name \_\_\_\_\_ Team Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Shirt Size \_\_\_ Pants Size \_\_\_ Gender: Male \_\_\_ Female \_\_\_

Recreation Council Marshy Point Nature Center Program/League Popsicle Plunge

Cost of Participation **\$25** School/Occupation \_\_\_\_\_

**Person other than above to notify in case of emergency: if under 18, Parent/Guardian**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_

Name of Medical Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

**In case of an emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.**

**Signed Parent/Guardian** \_\_\_\_\_

I hereby agree to abide by the rules and regulations as established by the local Recreation and Parks Council, I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

\_\_\_\_\_  
Participant's Signature Date



**To the Parent/Participant:**

For your protection or the protection of your child, please read and complete all information. If the answer to Questions 1 or 2 is "Yes", a medical release is required.

I hereby approve of the terms of this registration form. I further agree that I will not hold any Recreation and Parks Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for injuries or any unforeseen accident while participating in the above-named activity. I will inform the chairperson of any medical or health factors which may occur or develop which could affect my child's/my participation.

1. Are there any medical or health factors or limitations that might affect your/your child's performance in this activity? Yes \_\_\_ No \_\_\_

2. Are you/your child taking any medication that might affect his/her/your safety or performance in this activity? Yes \_\_\_ No \_\_\_

3. Does the participant require any special accommodations (due to a disability)? Yes \_\_\_ No \_\_\_  
If Yes, please state special requirements: \_\_\_\_\_

I hereby state that I/my child am/is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts, as well as the Parents' Code of Conduct and the fact that the Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Participant (if over 18)

**Waiver form must be returned with registration form.**

## **Marshy Point Nature Center Popsicle Plunge Release Agreement**

*Please print Clearly*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Person & Phone #: \_\_\_\_\_

### **NOTE TO THE PARTICIPANT**

Participation in any water-related activity exposes the participant to certain risks and dangers. Accidents and injuries (superficial to fatal) resulting from the forces of Mother Nature, malfunctioning equipment, unseen obstacles, fatigue, and your own misjudgment are a very real possibility. Marshy Point Nature Center considers safety to be its utmost concern and as such, its staff includes individuals trained in life saving, water safety instruction, C.P.R., and Red Cross First Aid. The nature of these activities, however, makes it impossible to foresee and protect the participant from all conceivable dangers associated with water and water activities. Once the participant leaves the safety of the shore and enters the water, he/she must be prepared to assume all risks associated therewith. Marshy Point Nature Center shall be responsible for and shall indemnify and hold the State of Maryland, Department of Natural Resources, or Baltimore County and all of their representatives harmless from any damage to property in or about the area and, from any claims, suits, actions, or liabilities arising from injuries to persons, including death, which are caused by any act or omission of Marshy Point Nature Center or Nature Center agents, servants, employees, contractors or invitees. I give my permission for photographs taken at the event in which my image, or the image of any of my minor children appears to be used for promotional and/or advertising purposes by Marshy Point Nature Center, without compensation to me or my minor children. I agree to release Marshy Point Nature Center from all claims and liability relating to the use of my name, likeness, photograph, or statement.

**AFFIRMATION AND LIABILITY RELEASE**

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ THE FOREGOING PRIOR TO THE SIGNING THEREOF AND AGREE AS FOLLOWS:

I hereby affirm that I have been well advised and thoroughly informed of the inherent dangers of the nature of this event.

I here by agree to indemnify and hold harmless Marshy Point Nature Center, and staff, all Popsicle Plunge Representatives, and the State of Maryland and all of the State's representatives, and the Department of Natural Resources from any and all liability for any harm, injury, death, or damages (physical, mental, or monetary), regardless of fault or negligence, which may befall me while participating in this fundraising event, or while using Marshy Point Nature Center and Gunpowder State Park facilities. This release shall be binding upon my family, heirs, and administrators.

I hereby agree to heed at all times the advice and instructions of Marshy Point Nature Center staff, and Popsicle Plunge Representatives, and to practice common sense water safety procedures.

To the extent provided by State Law, I also freely and voluntarily waive all claims for damages or loss to my person or property, or the person or property of third parties, that may be caused by an act, or failure to act, of the State Forest and Park Service (SFPS) or its agents and employees, and release the SFPS and the State of Maryland, Marshy Point Nature Center, and all Popsicle Plunge representatives from any and all claims.

I certify that the above is correct to the best of my knowledge:

Participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(If under 18)