

SPECIALIZED ACTIVITIES RELEASE FORM
Howard County 4-H Camping Program

_____ Archery

_____ Riflery

_____ Canoeing

_____ Swimming

_____ Low Ropes Challenge Course

_____ Water Rockets

I give permission for _____ to participate in the activities listed above. **In the case I do not give permission, I have put an X signifying NO if front of the activity.** I realize these are higher risk programs and that all safety precautions will be followed by the camp staff. I understand that the instructors are certified to teach each subject. Additional staff members will be present to give support to this program.

I do hereby release, discharge and hold harmless and indemnify the University of Maryland Extension, University of Maryland System, and State of Maryland, and all regents, officers, employees, agents, successors and assigns thereof, from any and all claims and demands of whatever nature, actions, causes of action appeals, obligations, liabilities, promises, suits, rights, charges, damages, punitive damages, cost, loss of service, loss of employment opportunity, emotional suffering, cost of litigation, humiliation, embarrassment, mutual anguish, injury of reputation, personal injury, and any and all other legal, equitable or administrative relief of any kind, known or unknown, suspected or unsuspected, having already resulted or to result in the future, as a result of or relating to my participation in the above program and/or activity.

I, the undersigned, acknowledge that I sign this Release knowing and intelligently and with full and complete knowledge of the purpose of said program and without any form of duress and/or intimidation whatsoever on the part of the Cooperative Extension, University of Maryland System.

Parent/Guardian Signature:

Date:

