[Please print]

Class/Class Series/Activity: _____ TAE KWON DO: TINY TIGERS ____________________________

For ages: _3-5 with adult_  HCLS Branch: __Miller__ Date(s): _Monday, June 9 @ 10:30 am__________

I, _________________________________________________________________ give permission to my child,

First MI Last

__________________________________________________________

First MI Last

the above noted class, series of classes, or activity taking place at Howard County Library System (HCLS).

I understand:

- That any form of exercise involves potential risks and dangers that can result in injuries, and even
deadth, especially for those with certain conditions, including but not limited to: asthma, diabetes, and
high blood pressure.
- The importance of consulting with my child’s doctor or other health practitioner before starting any new
exercise program.

I further understand that:

- My child must wear shoes at all times.
- HCLS staff will call 911 in the event of an emergency.
- 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 save and hold harmless HCLS and Howard
County, MD, their officers, employees, and agents, from all cost, injury and damage incurred as a result of my
child’s participation in this class, and from any other injury or damage to any person or property whatsoever,
resulting from my child’s participation in this class.

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

Parent/Guardian signature: _________________________________ Date: ______________

Age of child: __________

Tel.: (h) ___________________________ (c) ___________________________

Email: ____________________________