Exercise Class
Participant Release Form

Howard COUNTY Library SYSTEM

inform + instruct + interact = educate

[*Please print*]

Class/Class Series/Activity: _____**TAE KWON DO: Mommy & Me**_____

For **ages: _2-3 with adult_** HCLS Branch: __**Miller Branch**__ Date(s): **Monday, August 31 @ 11:15 am**___

I, _____ give permission to my child,
First MI Last

_____ to participate in
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 death, 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: _____