

(Check appropriate box below)

New Participant or Current Participant

New Participants: Please print clearly and fully complete
Current Participants: Print name clearly and sign



Official Release

I hereby release We Promote Health and all other participating organizations associated with “The Boot Camp in the Park” including, but not limited to, Howard County, Md., its elected and appointed officials, officers, employees and authorized volunteers as well as successors and assigns, officers, directors, and employees from any and all liability arising from or in any way connected to this program. I understand that I voluntarily and knowingly assume any and all risks of injury or damage, which I or my child might suffer as a result of my/his/her participation in said Program. I further declare that I have read the foregoing carefully and I am aware of all the circumstances and ramifications connected with the subjects(s) of this Official Release.

Disclaimer for Physical Activity: The We Promote Health sponsors and partners and support organizations and individuals and their agents assume no liability for persons who undertake physical activity. The American College of Sports Medicine states that most people can and should exercise. However, there are individuals who should get their doctor’s permission prior to beginning an exercise program. Anyone with an unstable medical condition will want to seek an exercise prescription from their doctor. Injury may also require an individual to wait for the healing to be complete prior to beginning exercise. If you have cardiac, pulmonary, or metabolic disease, you should begin your exercise in a medically supervised environment.

Disclaimer for Use of All Media: I hereby consent to the photographing of myself (and any listed dependents) and the recording of my, (and their) voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand the term “photograph” as used herein encompasses both still photographs and motion picture footage.

Name: (Print Clearly) _____

Participating Family Member Names (under 18): _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____ Email Address: _____

--- PRINT CLEARLY---

I acknowledge that I have read and understand the Official Agreement above, and the Terms of Agreement for participation in We Promote Health activities.

Signed: _____ Date: _____

How did you learn about “Boot Camp in the Park”?