



GARRETT COUNTY

HEALTH DEPARTMENT

MINOR WAIVER AND RELEASE FROM LIABILITY

I hereby certify that I am the adult parent or guardian of, _____,
a minor child under the age of eighteen (18) years, and I consent to his/her participation in the events or
activities described as _____.

I, personally and on behalf of the minor child named above, HEREBY WAIVE AND RELEASE, indemnify, hold
harmless and forever discharge _____ and THE GARRETT COUNTY HEALTH DEPARTMENT and its
agents, employees, officers, directors, affiliates, successors, managers and assigns, of and from any and all
claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind
and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any
way related to my participation in any of the events or activities, conducted by, described as
_____, provided that this waiver of liability does not apply to any acts
of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities or functions in which I participate may be inherently dangerous and can cause
serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of
myself, my heirs, assigns, and next of kin, I waive all claims for damages, injuries and death sustained to me or
my property that I may have against the aforementioned released party to such activity.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior
written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The
provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part,
only upon the prior written consent of all parties.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm
that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this
Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or
guarantee being communicated to me. My signature is proof of my intention to execute a complete and
unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am eighteen (18) years of
age or older and mentally competent to enter into this waiver.

| | | |
|-------------|---------------------|------------------|
| <i>Date</i> | <i>Printed Name</i> | <i>Signature</i> |
|-------------|---------------------|------------------|

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|---------------------|
| <i>Minor's Name</i> |
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THIS IS A PUBLIC DOCUMENT