Discover an ocean of fun!

Ocean City Recreation & Parks

Registration Form—Minor

200 125th Street, Ocean City, MD 21842
P: 410-250-0125 F: 410-250-5409
www.oceancitymd.gov/rec

Participant Name Last, First	M/F	AGE	GRADE	D.O.B	PROGRAM #	PROGRAM NAME	PRICE

CHECK ALL THAT APPLY: ☐ OC RESIDENT ☐ TOWN OF OC EMPLOYEE ☐ OC PROPERTY OWNER
☐ WORCESTER CO. RESIDENT ☐ NON-RESIDENT ☐ OC VOLUNTEER FIREFIGHTER

Registration cannot be taken over the phone. The waiver statement must be signed prior to registering for any program. Payment must be received to ensure enrollment in any program.

Parent / Guardian / Adult Participation Information:

Name (Last, First) _____

Mailing Address _____
Street *City* *State* *Zip Code*

OC Property Address _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Emergency Contact Name _____ *Phone* _____

Interested in becoming a sponsor? _____ *And/or volunteer?* _____

Make Checks Payable to Town of Ocean City Total Amount Enclosed $ _____

If faxing in your registration, please contact our office at 410-250-0125 with credit card information.

SIGNATURE REQUIRED ON REVERSE.
WAIVER FORM MUST BE SIGNED BY PERSONS 18 YEARS AND OLDER.

TOWN OF OCEAN CITY, MARYLAND
MINOR PARTICIPATION WAIVER AND RELEASE OF LIABILITY

PROGRAM:_____

PARTICIPANT NAME_____ (print)

I hereby certify that I am the adult parent/guardian of _____, a minor child, who is under the age of eighteen years, and I consent to his/her participation in the above listed Program. I do so with the understanding that the participation of my child is at our own risk; including the potential transference of the COVID-19 virus; and if applicable, taking part in a program outside with all the inherent risks associated with being outdoors, including but not limited to, surface elevation irregularities and insects. I acknowledge and understand the dangers of being in public and participating in group programs for my child during the COVID-19 pandemic. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, death, property loss or damage) of my minor child's participation in the Program.

Furthermore, I, my spouse, my child and my/our agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify, defend and hold the Town of Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to my child's participation in the above Program, including any and all injuries my child may sustain while participating in the Program and possible COVID-19 exposure.

I, and my spouse, covenant not to sue, and release, waive and discharge the Town of Ocean City, any of its departments, or its officials, officers, agents, employees, volunteers and representatives, all of whom for the purpose of this Release are referred to as Releasees, from all liability to myself and my child, and my/our agents, successors, personal representatives, assigns, heirs and next of kin, for any and all loss or damage on account of injury to my child's person or property, whether caused by the negligence of the Releasees or otherwise, while participating in the Program and while on Town of Ocean City property. I agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Please Note: Due to the strenuous nature of some activities, participant is urged to consult his/her physician concerning his/her child's fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes on behalf of his/her child. I recognize my responsibility to ensure my minor child participates only in a program for which he/she has the required skills, qualifications, training, and physical conditioning.

Photography: Participants may be photographed for publicity purposes while participating in said Program and agree to their image and likeness being used by the Town. I, on behalf of my child, consent to said photography and use of my child's images for publicity.

By signing below, I express my understanding and intent to enter into this Participation Waiver and Release of Liability willingly and voluntarily and assert that I am at least 18 years of age.

Signature (adult parent or guardian) _____ Date _____

Print Name: _____