



CITY OF BOWIE STREAM TEAM PROGRAM

MINOR RELEASE, INDEMNIFICATION AND HOLD HARMLESS; PUBLICITY PERMISSION FORM

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING, AS THIS DOCUMENT CONTAINS STATEMENTS THAT MAY AFFECT YOUR RIGHTS AND OBLIGATIONS IN THE EVENT OF INJURY OR PROPERTY DAMAGE.

IMPORTANT: This form must be given to the site leader in order to participate

I, the undersigned, agree that **my child** participates in the City of Bowie Stream Teams Volunteer Work Day program (hereinafter, "the Program") at his or her sole risk and that the City of Bowie, Maryland (hereinafter, "the City"), and its servants, agents, employees and officials, shall not be liable to me or my child for any claims, demands, damages, actions, or causes of action for injury to the person or property of my child arising out of or in connection with my child's participation in the Program. I expressly waive, release and discharge the City, and its servants, agents, employees, and officials, from all claims, demands, liabilities, damages, actions, or causes of action, for injury to the person or property of my child as a consequence of the active or passive negligence or willful misconduct by the City, and/or its servants, agents or employees, arising out of or in connection with my child's participation in the Program.

I further agree that I will indemnify and hold the City, and its servants, agents, employees and officials, harmless from and against any and all claims, demands, liabilities, injuries, damages, loss, expense, actions, or causes of action, that they may incur, including attorneys' fees, for property damage or personal injury sustained or allegedly sustained by myself, my child, or a third party arising out of or in connection with my child's participation in the Program.

- I certify that **my child** has no physical or mental condition that would impair or inhibit his/her ability to participate in the program or I choose not to disclose any such condition, and I do not request any accommodations for any such condition
- I authorize City of Bowie staff to administer to **my child** basic first aid and/or obtain appropriate emergency medical treatment for **him/her** in the event of accident, injury or illness at my expense.
- Please check** if you give permission to the City of Bowie to include **your child** in any video productions or photographs that are made to document or publicize the Program.

_____ Date

_____ Printed Name of **Parent/Guardian**

_____ **Parent/Guardian** Signature

First Minor's Name & Age _____

Second Minor's Name & Age _____

Organization Name (if applicable) _____

How did you hear about the Bowie Stream Team Clean Up?

Flyer __ Internet __ Newspaper (which one?) _____ Organization _____

Other _____