

Release, Discharge, Waiver, Assumption, and Renunciation

I make application for myself and/or child to participate in the Howard County General Hospital Wellness Center event circled below. In consideration for being accepted and permitted to participate in this program, I do hereby, both for myself, my heirs, administrators, executors, and assigns, grant unto the Howard County General Hospital, Inc., and its servants, agents, employees, and any other representatives, a complete release and discharge of and from any and all claims and demands of any nature whatsoever, which I may now have or which I may have in the future resulting from or pertaining or incidental to my acceptance and participation of myself/child in said program, including, without limitation or restriction, any and all claims and demands for illness, injury, or occurrence whatsoever and I do hereby expressly waive and renounce any and all such claims and demands.

Furthermore, in consideration of myself / child being accepted and permitted to participate in said Program, I do hereby voluntarily and knowingly assume any and all risks of injury or damage, which he/she might suffer as a result of my participation in said Program.

I further declare that I have read the foregoing carefully and am fully aware of all of the circumstances and ramifications connected with the subject of this Release, Discharge, Waiver, Assumption, and Renunciation.

Name of Parent or Legal Guardian (*please print*)

Date

Signature of Parent or Legal Guardian

Date

Name(s) of Child(ren)

Date

Please circle applicable class:

Home Sweet Home

Kids Self-Defense

Self-Defense for Young Women

Mother-Daughter Self-Defense

Women's Self-Defense

Be Seated

Weight Training for Seniors Program

Yoga

Agewell Senior Aerobics

Other: _____

**Please fax to 410-740-7609 or
Mail to: Wellness Center, 11055 Little Patuxent Parkway,
Suite L-9, Columbia, MD 21044**

