



# Participant Profile Form

## GENERAL INFORMATION

Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Location: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Main Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Alternate Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Emergency Contact (non-guardian): \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

## HEALTH/OTHER INFORMATION

Primary Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Has the individual been immunized?  Yes (State of MD School)  Yes (Out of State/Homeschool)  No  
Immunization form required if participant did not attend a MD public/private school last year

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  
 Yes (Health/Medication Form Required)  No

Health form required if participant indicates ANY health/medication/allergy issues

Is the participant to be swim-tested or a non-swimmer?  Swim Test  Non-Swimmer  
Participants who pass the swim test will be designated by staff as a Swimmer and have full access to all water depths/features. Those who do not pass the swim test are re-designated as Non-Swimmers. Non-Swimmers will not take the swim test and are restricted to chest-deep water.

## RELEASE AUTHORIZATION

I hereby acknowledge and am fully aware of the risks involved in this activity and that participation in this activity carries inherent risks including the risk of injury or death. I understand and acknowledge that participation in this activity is purely voluntary and hereby expressly assume the risks and expenses of participation. In consideration of the opportunity to participate in this activity, I hereby agree to release, indemnify, and forever hold harmless the Maryland-National Capital Park and Planning Commission (Commission), as well as its Commissioners, officers, employees, and agents, from any and all liability, claims, and causes of action of any kind or nature, including any such claims and/or causes of action caused in whole or in part by the negligence of the Commission and/or its agents, employees, officers, directors, successors, and assigns, for any alleged harm, damage, or injury that I/we (myself and the child for which I currently serve as parent/guardian) may incur as a result of participating in this activity. I understand and agree that I am responsible for any and all damages that I/we may cause or incur to people or property, both public or private, while participating in this activity. By way of this form, I authorize the staff of the Commission to obtain medical/hospital treatment for the above participant(s) in the event of an emergency.

I grant the Commission and its agents and assign the right to photograph the participant(s) and use the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images, and any audio recordings made of the participant's voice in whatever way the Commission desires, including television, print, and internet websites, without compensation. Any photographs, videotapes, films, recordings, or electronic images shall be the sole property of the Commission.

I hereby represent that if the participant is a minor or dependent, I am his/her legal guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant(s) named above to participate in the Commission's program, including transportation in approved vehicles (Commission Vehicles, Board of Education School Buses, or Commercial Motor Coaches) and acknowledge and knowingly accept any and all risks associated therewith. I acknowledge that the Commission has a policy for conduct in recreation programs and facilities and I hereby agree that the participant(s) is/are subject to said policies, including the disciplinary provisions. The terms of this Waiver of Liability shall be binding on my heirs, executor, administrator, and all members of my family.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS WAIVER OF LIABILITY AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Printed Name (Parent/Guardian if under 18) \_\_\_\_\_ Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_