WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in <u>all N</u>	MCBP activities from1/1/2024 through venant not to sue the Maryland Coastal Bays Program, Maryland
Coastal Bays Foundation, State Highway Administration, Worcester Park, and its officers, servants, agents and employees (hereinafter refidemands, actions and causes of action whatsoever arising out of or resustained by me, or to any property belonging to me, whether caused	County, the Town of Ocean City, Assateague State and National erred to as "releasees") from any and all liability, claims, elating to any loss, damage or injury, including death, that may be
participating in the Activity, or while in, on or upon the premises who premises, or in any place or places connected with the Activity.	
2. I am fully aware of risks and hazards connected with being on that there may be risks and hazards unknown to me connected with lelect to voluntarily participate in the Activity, to enter upon the above may be hazardous, or may become hazardous or dangerous to me ar of loss, property damage or personal injury, including death, that me, as a result of my being a participant in the Activity, whether cause	we named premises and engage in activities knowing that conditions and my property. I voluntarily assume full responsibility for any risks ay be sustained by me, or any loss or damage to property owned by sed by the negligence of releasees or otherwise. It is the releasees and each of them, from any loss, liability, damage or
4. It is my express intent that this Release shall bind the member personal representative, if I am deceased, and shall be deemed as named releasees.	ers of my family and spouse, if I am alive, and my heirs, assigns and a Release, Waiver, Discharge and Covenant Not to Sue the above
In signing this release, I acknowledge and represent that: A. I have read the foregoing release, understand it, and sign it volunta B. No oral representation, statements or inducements, apart from the C. I am at least eighteen (18) years of age and fully competent. If not D. I execute this Release for full, adequate and complete consideration	foregoing written agreement, have been made; 18, parental signature will be provided; and
In witness whereof, I have hereunto set my hand and seal this Participant Signature:	
Name Printed:	
Witness:	
Parent/Guardian Signature/Printed Name (if volunteer is under	the age of 18)
Emergency Contact	Information
Name	
Phone #	
Maryland Coastal I	•
- · · · · · · · · · · · · · · · · · · ·	use my picture, portrait or photograph in all forms, video, or alterations, for advertising, trade, promotion, exhibition,
2. I waive any right to inspect or approve the photographs them now or in the future, whether that use is known	s or electronic matter that may be used in conjunction with to me or unknown.
Signed/Printed Name	Date
Parent/Guardian signature/printed (if under 18)	Date_