



PROMOTE. PRESERVE. EDUCATE.

RELEASE

THIS RELEASE, granted this _____ day of _____, 201_ to
("Camper"), whose name and address and phone number is _____.

In consideration of being allowed to participate in and possibly camp overnight on Farm Museum property in connection with the Cub Scout Day Camp – Webelos Overnight event taking place on the following date(s): Thursday, July 11, 2019.

Camper agrees to indemnify and hold harmless the County, Commissioners of Carroll County, its officers agents, employees and volunteers from any and all claims, demands, causes of action, damages, costs and suits arising, occurring or resulting from any personal injury and damage to or loss of property of any nature caused by, arising out of or in any way connected with participating in the Cub Scout Day Camp and/or camping on the Farm Museum property, 500 South Center Street, Westminster, Maryland.

I agree to abide by all rules and regulations set forth by the County and understand that County staff has the authority to eject me from the event for my failure to do so.

I HEREBY CERTIFY, that I have read and understand the above conditions.

Signed _____ **Date** _____

(Camper or Camper’s legal guardian if a minor under the age of 18)

Witness _____

Additionally, I hereby consent to the use and reproduction by the Carroll County Farm Museum and Carroll County Government of my own and/or my child’s (or children’s) photographic image while attending this event. Future publication includes newspaper stories, the Farm Museum and Carroll County Government website and Facebook page as well as Farm Museum brochures and publications.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this usage. I understand that my and/or my child’s photographic images while on the Museum grounds will become the exclusive property of the Carroll County Farm Museum and Carroll County Government and will be used only for promotional purposes.



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I agree that I will NOT be compensated for the use of my and/or my child's (or children's) photographic image.

I HEREBY CERTIFY, that I have read and understand the above conditions.

Witness

**Camper or Parent/ Legal Guardian if
minor under the age of 18.**

Date

Please check ONE of the following AND fill out the information below:

I AGREE to the terms above regarding photography: _____

I DO NOT AGREE to the terms above regarding photography: _____

Camper's Name (s):

Camper/Guardian Signature: _____

Camper/Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____