

Please fill out a separate sheet of paper for each person registered  
using the appropriate form for either a youth or an adult (next page).

## “Hold Harmless” Release and Waiver of Liability for Youth

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the “minor child”).

I hereby give my consent to have my minor child participate in the following activity of **The Mid-Maryland Baptist Association: The 2nd Annual Sportsman’s Day** (hereafter “the activity”) on or about **August 25, 2018**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors**, their trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

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## Hold Harmless Release and Waiver of Liability for Adults

I, the undersigned, will be participating in the **2<sup>nd</sup> Annual MMBA Sportsman's Day** (hereafter the "activity") at **Friendly Farm Restaurant in Upperco, Md** on or about **August 25, 2018**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors** nor their trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors**, their trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors** their trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

### IF APPLICABLE:

I understand and acknowledge that **The Mid-Maryland Baptist Association, Friendly Farm Restaurant, and Heartwood Outdoors** does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_