



### Public Education Program Release

Thank you for your interest in programs at Jug Bay Wetlands Sanctuary. Public Education Program fees are in addition to the \$6 per vehicle park entrance fee. Some programs may include park admission. See the program description you are attending. Park entrance fees are paid in the Visitor Center office on the day, and time, of park entrance.

Program fees are paid online at the time of registration through the Jug Bay website Calendar of Events <https://jugbay.org/> or through the Anne Arundel County Recreation & Parks website [https://anc.apm.activecommunities.com/aarecparks/home?onlineSiteId=0&from\\_original\\_cui=true&locale=en-US](https://anc.apm.activecommunities.com/aarecparks/home?onlineSiteId=0&from_original_cui=true&locale=en-US). See the program description on how to register.

For Canoe/Kayak programs: Please use the Canoe & Kayak Release Form.

You may complete this form in advance and bring it on the day of the program. The release forms will be available at all programs.

**PLEASE PRINT ALL INFORMATION**

**Program Name and Date** \_\_\_\_\_

Adult #1 \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

Adult #2 \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

Child #1 \_\_\_\_\_ Age\* \_\_\_\_\_

Child #2 \_\_\_\_\_ Age\* \_\_\_\_\_

Child #3 \_\_\_\_\_ Age\* \_\_\_\_\_

Age required only for those under 18.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_

If you or your child has a physical or mental condition that would limit his or her participation in our program and you believe we can accommodate the needs of your child, please contact us to request special accommodations.

In consideration of the Department of Recreation & Parks accepting me or my child(ren) in the program, I agree to release and discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child or myself as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, its employees, and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees, and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. The Department of Recreation & Parks will be notified of any such disabilities or sensitivities in writing prior to enrolling in this program. **\*Participants may at some time be photographed for use by Anne Arundel County for publicity purposes.**

\_\_\_\_\_  
**Signature Adult #1/Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Adult #2/Parent or Guardian**

\_\_\_\_\_  
**Date**