



**HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION  
 ADOPT-A-PARK BEAUTIFICATION PROGRAM  
PARTICIPATION FORM**

Group/Company\_\_\_\_\_

Participation name\_\_\_\_\_

LAST

FIRST

MIDDLE

Address\_\_\_\_\_

STREET

TOWN/CITY

ZIP CODE

Home Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_

Emergency Phone\_\_\_\_\_

Name\_\_\_\_\_

2<sup>nd</sup> Emergency Phone\_\_\_\_\_

Name\_\_\_\_\_

Pertinent Information (special medications, allergies, special assistance, etc.) Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In consideration of the permission given to, \_\_\_\_\_, by Harford County, Maryland, to participate in the Adopt-A-Park program commencing on or about this date, I/we, the undersigned, on behalf of myself/ourselves, my/our heirs, executors, administrators, assignors, and other persons in interest, I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program.

In addition, I/we do hereby agree to abide by all Harford County, Maryland policies, procedures and regulations, including, but not limited to, those relation to security and directions and orders of his/her group leader.

Participant signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE**

**Barry Glassman, Harford County Executive**