



MONTGOMERY VILLAGE FOUNDATION, INC.

10120 APPLE RIDGE ROAD
MONTGOMERY VILLAGE, MARYLAND 20886-1000

(301) 948-0110 FAX (301) 990-7071 www.montgomeryvillage.com

PERMISSION TO PARTICIPATE IN MONTGOMERY VILLAGE FOUNDATION, INC. PROGRAM

I, _____, the parent/guardian of _____, give him/her permission to participate in the following described program to be conducted by Montgomery Village Foundation, Inc., its agents, employees and staff for **August Specialty Camps (circle all appropriate)**

Lego, Tiny Chefs, ClubSciKidz & Abrakadoodle 2017

Session 8/21-8/25 or Session 8/28 – 9/1

This permission includes my consent to the following:

1. He/she may be transported in vehicles operated by or on behalf of Montgomery Village Foundation, Inc. and its personnel.
2. He/she may be administered necessary emergency medical treatment in the event of an accident or injury. Due to Federal regulations, persons involved in a biting incident or injury involving an exchange of bodily fluids may be required to be tested for blood borne pathogens.
3. He/she may have his/her (photo/likeness) used in the MV News/Recreation Guide; website and/or Facebook page.

In the event of an emergency the following persons are to be contacted:

NAME PHONE NUMBER

ADDRESS

NAME PHONE NUMBER

ADDRESS

I am aware of the potential risks that may be associated with the above activity. In consideration of _____'s being allowed to participate in this program, for myself and as his/her parent/guardian and on his/her behalf, I hereby release Montgomery Village Foundation, Inc., its agents, employees and staff for any injury or damage which may befall him/her while he/she participates in this program, including all risks connected therewith, whether foreseen or unforeseen, and further I save and hold harmless Montgomery Village Foundation, Inc., its agents, employees and staff from any claim arising out of his/her participation in this program by his/her family, estate, heirs, representatives, or assigns. I understand and agree that Montgomery Village Foundation, Inc., its agents, employees and staff may not be held liable in any way for any occurrence in connection with the above program which may result in injury, death or other damages to him/her, or his/her family, heirs, representatives or assigns.

IN WITNESS WHEREOF, I have executed this permission on _____, 2017.

NAME PHONE NUMBER

ADDRESS