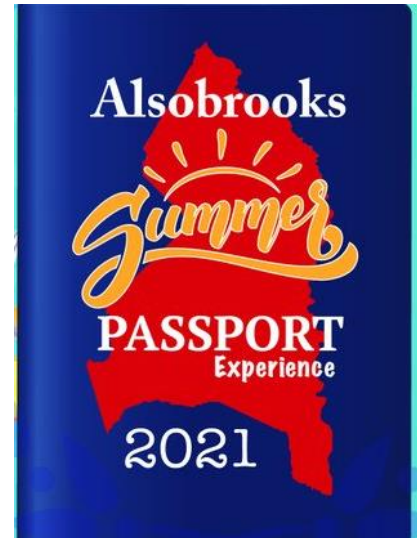


# **Alsobrooks Summer Passport Experience - 2021**

## **June 28 – August 28, 2021**

Required Forms in this Packet:

1. Participant Information
2. Medical History Form
3. Medical Permission Form
4. Liability Release Form
5. Participant Code of Conduct and Expectations
6. Multimedia Permission



### **NOTES:**

- Please be advised that the Alsobrooks Summer Passport Experience is hereinafter referred to as the "Program" and Administrators of the program as "Program Administrators."
- Registration information for participants should be reviewed and completed by both the parent/legal guardian and participant. Parents/Guardians are expected to review the Rules of Conduct and Participant Expectations with your Youth. Also, both must sign the acknowledgement form to confirm that the Parent(s)/Guardian(s) and Youth understand and agree to abide by the Rules of Conduct and Participant Expectations.

**ALL FORMS IN THIS PACKET MUST BE FULLY COMPLETED IN ORDER TO PARTICPATE IN THE PROGRAM .**

# **ASPE INFORMATION SHEET**

*Please print legibly.*

## **PARTICIPANT INFO**

Participant Name	
Participant Cell #	
Participant Email	
Participant Age / DOB	

## **PARENT/GUARDIAN INFO**

Parent/Guardian Name	
Parent/Guardian Cell #	
Parent/Guardian Email	
Parent/Guardian Home Phone	

## **ALTERNATE PARENT/GUARDIAN INFO**

Parent/Guardian Name	
Parent/Guardian Cell #	
Parent/Guardian Email	
Parent/Guardian Home Phone	

## **MEDICAL HISTORY FORM**

**Please note that medical information will be shared on a limited basis, and only to the extent necessary to ensure the participant's safety.**

Participant Name	
Date of Birth	
Medical Insurance Provider	
Policy Number	
Policy Holder's Name	
Emergency Contact Name	
Emergency Contact Number	
Relation to Participant	
Emergency Contact Cell #	
Emergency Contact Work #	
Alternate Emergency Contact Name	
Alternate Emergency Contact Number	

### **MEDICAL**

Dietary Restrictions or Needs	
Food Allergies	
Medicine Allergies	
Other Allergies (i.e. bees, other)	
Any special illnesses/conditions	
Mobility needs	
List medications the participant is currently taking	
State medical restrictions and explain	
Any other information the parent or participant believes is important to share for the health, safety and comfort of the participant? IF THE PARTICIPANT HAS ANY SPECIAL MEDICAL NEEDS or RESTRICTIONS, PLEASE LIST THEM HERE	

### **PERMISSIONS (Please type your name as Signature)**

Participant Name	
Participant Signature and Date	
Parent/Guardian Name	
Parent/Guardian Signature and Date	

## **WAIVER OF LIABILITY RELEASE FORM**

The Alsobrooks Summer Passport Experience Program and all affiliated/related events, activities, and occurrences and programs will commence on June 28, 2021 and conclude on August 28, 2021. I, for myself and my child who elects to participate in the program ("Participant"), and our heirs, personal representatives and assigns, to the maximum extent permitted by applicable law, do hereby release, waive and discharge, the Alsobrooks Summer Passport Experience, its directors, officers, executives, employees, agents, and volunteers ("the Alsobrooks Summer Passport Experience") and Prince George's County, Marland and their successors, assigns, subsidiaries, and affiliates, and their directors, officers, executives, employees, agents and volunteers (collectively "Prince George's County") from and against any and all liabilities, losses, damages, costs, and expenses whatsoever ("Losses") for any personal injury, accidents, illnesses, mental or emotional distress, death, and property loss or other damage sustained by such Participant directly or indirectly arising out of or relating to his/her voluntary participation in the Program and the acts or omissions of the Program sponsors, as well as the acts and omissions of any other participants or third parties, and agree not to sue or pursue any legal actions against the Alsobrooks Summer Passport Experience or Prince George's County for the same in exchange for the benefit of my child's participation in said program.

I covenant and warrant that I am at least 18 years of age or am the custodial parent, legal guardian or otherwise have lawful authority to sign this release on behalf of the Participant, that no other permission is required for the Participant, and hereby expressly consent to the participation of my child or ward pursuant to the terms of this release. I acknowledge that the nature of the Program has been fully explained to me to my satisfaction and that I have had the opportunity to ask questions before signing this Release. I understand that the Program will take place at various venues and involve some activity that may be inherently dangerous. I understand that I am fully responsible for the timely drop off and pick-up of my child to all assigned activities. Dropping off in advance without the venue being open to receive participants is strictly prohibited due to lack of adult supervision while outside of said times for the program to commence and end.

I understand that if I am tardy dropping off and picking up, this jeopardizes my participation and my child's participation in the program and constitutes immediate grounds for dismissal. I understand that if my child falsely states that they are at an activity and do not show up to said activity that the Prince George's County Government nor any of the Alsobrooks Summer Passport Experience participating volunteers, program administrators, host venue and/or any entity connected with the program are liable for missing participants' whereabouts.

I confirm that I fully understand the terms of this release and knowingly assume the risks of illness, injury, death or loss of personal property in connection with my child's or ward's participation in this Program. My and my child's / ward's participation in the Program is strictly voluntary. As an inducement to Prince George's County and the Program Business Partner for sponsoring and conducting the Program, I hereby assume full responsibility for any and all injuries and other losses that my child, or I, may suffer because of participation in the Program, regardless of the cause of the injury or loss.

I also agree that I will not hold Prince George's County or the Alsobrooks Summer Passport Experience responsible in any way for any act or failure to act by any director, officers, executives, employee, agent, or volunteer of the Alsobrooks Summer Passport Experience or any other person who participates in any way in the Program, and that I will indemnify and hold harmless Prince George's County and the Alsobrooks Summer Passport Experience from any claims arising out of my breach, or alleged breach, of my covenants and warranties made herein.

I understand that Prince George's County and the Alsobrooks Summer Passport Experience are relying on this Release and I agree to be legally bound by it. This Release shall be binding upon my heirs, successors, and personal representatives, as well as those of my Child or Ward.

**PERMISSIONS (Please type your name as Signature)**

Participant Name	
Participant Signature and Date	
Parent/Guardian Name	
Parent/Guardian Signature and Date	

## **PARTICIPANT EXPECTATIONS/CODE OF CONDUCT**

1. Participants must sign-in via cell phone using the designated Alsobrooks Summer Passport Experience QR Code to record attendance and answer survey. No exceptions.
2. Participants must follow the *Program* agenda and attend all scheduled events, unless other arrangements are requested and approved by the *Program Administrators* in advance.
3. Appropriate and responsible behavior is required at all times, especially during demonstrations, meals, meetings, tours, and engaging with quest speakers.
4. Participants must follow all safety instructions and all other policies and procedures for any facility or location that hosts any part of the *Program*. This could include masks and other COVID-19 protocol and procedures.
5. Appropriate clothing is required at all times and should not distract from the program experience. No obscene language or graphics are permitted on clothing. Some activities may require participants to wear long pants and closed toe shoes. Comfortable walking shoes or sneakers are a must. Conference rooms may be cold. Participants are encouraged to bring a light jacket, sweatshirt or sweater.
6. Should a participant exhibit any inappropriate behavior, the *Program Administration* will take necessary measures to remove the individual expeditiously from the program and the participant may be asked not to return to the program and may be excluded from all subsequent assigned activities.
7. The program is a substance free experience. Any violations, such as coming to the program to sell and/or being under the influence of any illegal substance is immediate grounds for dismissal of all program activities.
8. **All participants are expected to arrive and depart on time. Participants must be picked up on time.** The County is not liable for youth taking public transportation in getting to or from program locations.
9. **This program is for paid participants only.**

**I understand that if the participant breaks any of these rules, the Alsobrooks Summer Passport Experience staff may call me at any time, day or night. I also understand that any illegal, violent, disruptive, cyberbullying, sextexting or dangerous behavior, or Code of Conduct violations, by the participant will require me, at the discretion of the *Program Administration*, to make immediate arrangements for the participant to leave the program at my expense.**

### **PERMISSIONS (Please type your name as Signature)**

Participant Name	
Participant Signature and Date	
Parent/Guardian Name	
Parent/Guardian Signature and Date	

## **MULTIMEDIA PERMISSION**

All participants in the program may be filmed, photographed or interviewed during the program.

I, for myself and my child who elects to participate in the *Program* ("*Participant*"), and our heirs, personal representatives or assigns, hereby give the *Program* and their successors, assigns, subsidiaries, and affiliates, and their directors, officers, executives, employees, agents and volunteers the right and permission, without compensation to or consent from me, to (1) the use of Participant's name, background, and biographical information, and (2) copyright, use, reuse, publish, and republish photographic and/or audio recordings, video recordings, pictures or images (collectively, "Images") of the Participant participating in the program and its activities in color or black and white, in each case made through any media by the *Program* or otherwise, for any purpose whatsoever; including the use of any printed, digital or online matter in conjunction therewith, and including but not limited to use in the *Program* annual reports. I also expressly give the *Program* permission to release any and all Images to any and all media outlets or third parties, in the *Program's* sole discretion. I, for myself and the Participant, our heirs, personal representative or assigns, to the maximum extent permitted by applicable law, do hereby release, waive, and discharge the *Program*, from and against any and all liabilities, losses, damages, costs, and expenses whatsoever arising from the copyright, use, reuse, publication, and republication of the Images, and agree not to sue or pursue any legal actions against the Alsobrooks Summer Passport Experience and Prince George's County for the same.

### **PERMISSIONS (Please type your name as Signature)**

Participant Name	
Participant Signature and Date	
Parent/Guardian Name	
Parent/Guardian Signature and Date	