

Informed Consent and Usage Release

I,

_____ ,
knowingly consent to the (audio taping, videotaping, filming, photographing) of myself (or my child), _____, and hereby give permission for this material to be used by the University of Maryland Medical System and or the University of Maryland at Baltimore for the education and or public relations purposes only.

I wish to place the following restrictions on the use of the material: _____

Date: _____

Signature: _____

Witness: _____

ALL MATERIALS WILL BE
HANDLED WITH APPROPRIATE
PROFESSIONAL
CONFIDENTIALITY

Please Return Signed

Registration Form To:

Mike Henley, CTRS

Kernan Hospital

2200 Kernan Drive

Baltimore, MD 21207

Fax: 410-448-6617

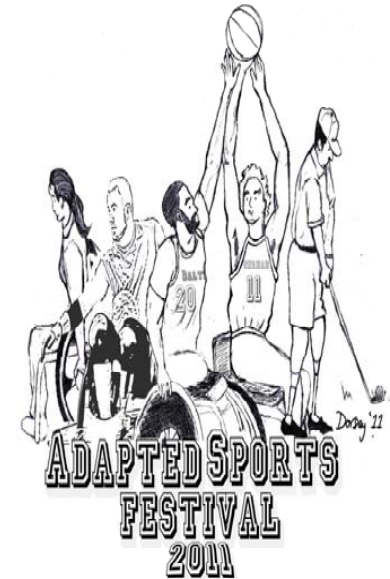
Email:

mhenley@kernan.umm.edu

**4th Annual
Adapted Sports
Festival**

September 8, 2012

10 a.m. -4 p.m.



 **KERNAN ORTHOPAEDICS
AND REHABILITATION**
UNIVERSITY OF MARYLAND
MEDICAL SYSTEM

Registration Form

Registration Information

(Please fill out completely)

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Size Shirt _____

Physical or Cognitive
Limitations? _____

Emergency Contact Information:

Name: _____

Phone: _____

RELEASE OF LIABILITY/ LIABILITY WAIVER

In consideration of my agreement to participate in the Adapted Sports Festival at Kernan Orthopaedics & Rehabilitation Hospital, I hereby agree for myself and on behalf of all of my heirs and beneficiaries to RELEASE Kernan Orthopaedics and Rehabilitation Hospital and all its agents, servants, employees, co-sponsors and insurance carriers from any and all liability, claims, demands or any causes of action, and I further agree Not to Sue or Otherwise make any claim against Kernan Orthopaedics and Rehabilitation Hospital and its agents, servants, employees, co-sponsors and insurance carriers whatsoever which may arise as a result of my participation in the Adapted Sports Festival at Kernan Orthopaedics & Rehabilitation Hospital. I assume full responsibility for any risk occurring from my participation.

I also agree to INDEMNIFY AND HOLD HARMLESS Kernan Orthopaedics and Rehabilitation Hospital and its agents, servants, employees, co-sponsors and insurance carriers from all claims, judgments, expenses and costs, including but not limited to attorney's fees, incurred in connection with any claims/lawsuits or other legal action brought as a result of my participation in the Adapted Sports

Festival at Kernan Orthopaedics & Rehabilitation Hospital.

This RELEASE AND WAIVER has no expiration date.

I fully understand and appreciate the intent and effect of the RELEASE AND WAIVER and fully accept its terms.

Signature of Participant or
Parent/Guardian if Participant is under
18 years of age

Printed name

Name of Participant if under 18 years of
age

Date

Witness

Printed name

Date