

Primary Attendee		
Address_	City	Zip
Primary Phone	Email	
Additional Participants: 2	4	
3	5	
Total Number Attendin	g: x \$80 Per Pers	son = \$
I am at least 18 years of age or the parent/legal guard all claims against the Talbot County Parks and Recreinjuries which may arise from participation in the above medical technician or medical facility to treat the above named activity.	ation, its employees, volunteers, commissione named activity. I hereby authorize any	ioners or agents for damages and/or y duly licensed physician, emergen-
Signature of Participant There will be no refunds for this	trip unless the trip is cancelle	d for low attendance!
For Office Use: Total Paid	Cash / Check / Charge Date	Staff Initials

10028 Ocean Gateway, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107 ● parks@talbotcountymd.gov