

CITY OF LAUREL
DEPARTMENT OF PARKS AND RECREATION
DIVISION OF SENIOR RECREATIONAL SERVICES
422 Montgomery Street, Laurel, Maryland 20707
(301) 776-6168
Transportation Application

Name _____

Last

First

Middle

Address _____

County

City _____ State _____ Zip Code _____

Telephone (____) _____ Driver's License. / State ID # _____

Date of Birth _____ Medical Equipment: W/C _____ Walker _____ Oxygen _____

Please attach copy of work ID for travel companion, Service Animal and/ or Emotional Support Animal to upper left corner. Include name here: _____

REQUIRED INFORMATION

EMERGENCY CONTACTS: In case of emergency, who should be notified?

Name _____

Name _____

Address _____

Address _____

Telephone (H) _____

Telephone (H) _____

(W/Cell) _____

(W/Cell) _____

Relationship _____

Relationship _____

OPTIONAL INFORMATION

DOCTOR

TELEPHONE ()

Disabilities, Medical Conditions:

Medications:

In registering myself, any member of my family or someone who provides me assistance for this program, I agree that I and all indicated will comply with all the rules of the program, and agree not to hold the City of Laurel or any of its employees, officials or agents liable in case of injury to me, any registered family member or someone who provides me with assistance, or damage to our property. I understand refunds will only be made if the program is canceled.

DATE

PARTICIPANT SIGNATURE

OVER PLEASE

CITY OF LAUREL
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ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY – COVID 19

COVID-19, which has been declared a worldwide pandemic by the World Health Organization, is a highly contagious virus, and is believed to be spread mainly from person-to-person contact. As a result, federal, state and local governments and health agencies have recommended social distancing and have in many places prohibited or limited the congregation of groups of people.

The Mayor and City Council of Laurel (“City”) has put into place preventative measures to reduce the spread of COVID-19, but the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, activities at City facilities or at City-sponsored events could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the highly contagious nature of COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities at City facilities, or at City-sponsored events, and that such exposure or infection may result in permanent injury, illness, permanent disability, and death. I understand and accept that the risk of becoming exposed to or infected by COVID-19 at City facilities or at City-sponsored events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, elected and appointed officials, volunteers, agents, and activity or event participants and their families.

I voluntarily agree to assume all of the foregoing risks, and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with me or my child(ren)’s attendance at City facilities or at City-sponsored events (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, elected and appointed officials, volunteers, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind, arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, elected and appointed officials, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during or after participation in activities at a City facility or a City-sponsored event.

DATE

PARTICIPANT SIGNATURE