High Level Edges Class

Day & Time:

Thursdays 5:00 to 5:45 PM

Class Dates: Jan 1-Mar 10

Fee: $100.00

Name:_____ **Age:**_____ **Birth Date**_____ **Gender M F**

Parent Names (Please Print):

_____

Address:_____ **City:**_____ **State:**_____
ZIP:_____

Phone:_____ **Cell Phone:**_____

Email:_____ **Request:** _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to told Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. The Talbot County Public Schools neither endorses nor sponsors the organization (s) or activity (ies) contained herein. The views contained herein are those of the author and are not necessarily shared by Talbot County Public Schools. The availability of this material is provided as a community service.

Signature of Parent/Guardian

_____**Date**_____