

Baltimore County Department of Aging
Division of Senior Centers and Community Services
Exercise and Photograph/Video Release

Senior Center: _____

Participant's Name: _____ Phone: _____

Address: _____ Zip: _____

Exercise

I understand that there are risks associated with my participation in any physical activity, fitness/exercise programs and classes or the use of fitness equipment.

I represent:

1. I have consulted / will consult with my doctor about my exercise activities. Not all exercises are suitable for everyone and injury might result. Therefore, I should seek guidance for exercises appropriate to my physical condition.
2. The Baltimore County Department of Aging will request emergency medical treatment in the event I experience injury or illness while participating. If I refuse medical treatment, I will be asked to leave the senior center.
3. If I participate in virtual exercise classes, I will follow the policies and procedures associated with these programs.

I, for myself, my personal representatives, assigns, heirs and next of kin, hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless the Baltimore County Government, the Baltimore County Department of Aging, employees, representatives, and assignees and/or the Senior Center Council, their officers, agents, servants and employees from liability arising from or connected to exercise activities at the above Senior Center, including the use of the fitness equipment. This Release Form is valid for one year.

I Agree / I Disagree (I understand that I will not be able to participate in fitness/exercise activities if I check I disagree.)

Photograph/Video

I hereby voluntarily agree to participate in programs offered or sponsored by the Baltimore County Department of Aging and/or the senior center council. I understand and grant the Baltimore County Department of Aging and/or the senior center council the right to distribute, transmit, publish, copy or otherwise make use of, either in whole or in part, either digitally or in any other medium known or later discovered, the photographs/video to be taken. I understand and agree that the photographs/video may be used without identifying me as their subject.

I, for myself, my personal representatives, assigns, heirs and next of kin, hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless the Baltimore County Government, the Baltimore County Department of Aging, employees, representatives, and assignees and/or the Senior Center Council, their officers, agents, servants and employees from liability arising from any claim or cause of action, now known or later discovered, for among other things, invasion of privacy, right of publicity and defamation arising from the use of the photographs/video.

I Agree / I Disagree (I understand it is my responsibility to notify any photographer/videographer of my desire not to be in any photographs/videos.)

This Release Form is valid for one year.

Signature of Member

Date

Signature of Staff Witness

Date

Baltimore County Department of Aging
Senior Centers and Community Services Division Standard Operating Procedures