

**LIMITED LICENSEE'S RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT**  
**State of Maryland**

Licensed EVENT(S):

Licensed LOCATION(S):

Licensed DATE(S) & TIME(S) (subject to change):

I, \_\_\_\_\_, the undersigned Limited Licensee of the State of Maryland (hereinafter "Licensee"), on my own behalf and/or by **(NAME OF PARTICIPANT)** and through my undersigned legal representative, if any, hereby acknowledge my intention to attend and/or participate (hereinafter "participate") in the above-referenced activity or event(s) (hereinafter "event(s)"), at or proximate to the above-referenced location(s). *I understand that my permission to participate in the event(s) is conditioned on and subject to the terms of the limited license herein granted to me.* I understand that **the State of Maryland, the Department of Health and Mental Hygiene**, and their agencies, facilities, units, officers, agents, servants, employees, and their representatives, successors and assigns (hereinafter "the Released Parties") do not invite my participation and do not warrant the grounds, premises, operations and/or activities at or proximate to the above-referenced location(s) to be suitable for my use or participation in the above-referenced event(s).

I hereby certify that I have no physical conditions or restrictions which would prohibit my safe participation in the above-referenced event(s), and that I have health and accident insurance sufficient to cover any injury or loss to my person or property, or to the person or property of another, that might occur in connection with my participation in said event(s). I hereby agree, as a condition of my limited license to participate in said event(s), that I will determine, furnish, inspect, maintain, and use any and all necessary and appropriate safety equipment and practices to ensure that my personal safety and property, as well as the personal safety and property of others, is not jeopardized by my participation in said event(s). I understand that patients, residents, or clients of the Released Parties (hereinafter "client(s)") may be at or proximate to the above-referenced locations, and may have mental, developmental, or physical disabilities that may present a danger to themselves or others, including me. Accordingly, I hereby agree, as a condition of my limited license to participate in said event(s), that I will not initiate, invite, or continue unsupervised communication or contact of any kind with any client(s) and I will immediately report any unsupervised communication or contact that involves any client(s) to the undersigned State Officer or Employee.

I understand that the State of Maryland may grant limited licenses to individuals to participate in events that may, on occasion, be public in nature and, if so, such occasions may involve or result in the creation, use, broadcasting, telecasting, transmittal, disclosure, redisclosure, publication and/or republication (hereinafter "disclosure and/or publication") of analogue or digital photographic, cinemagraphic, audiophonic, or other reproductions, recordings or representations of the name(s), image(s), likeness(es), voice(s), words and/or other personally identifying information (hereinafter "personally identifying information and/or representation(s)") of any individuals, including myself, who may be present on such occasions. Accordingly, to the extent, if any, that the above-referenced event(s) are public in nature, I hereby waive any right to confidentiality or expectation of privacy that I may have in law or under the policies of the Released Parties with respect to such disclosure and/or publication of my personally identifying information and/or representation(s) that may occur in connection with my presence at said event(s). I understand that my participation in said event(s) does not create, preempt, or waive any claim, right, or entitlement to any compensation, profits, royalties, revenues, or other economic benefits that may otherwise accrue upon the disclosure and/or publication of my personally identifying information and/or representation(s). I acknowledge that I and my representatives, if any, are not hereby authorized to record, photograph, film, videotape, disclose and/or publish in any form any personally identifying information or representation(s) of any individual(s) present at said event(s).

I hereby assume any and all risks, known and unknown, foreseen and unforeseen, incidental to my coming on or into the grounds and/or premises of the above-referenced location(s) and participating in the above-referenced event(s). I hereby agree to indemnify, save, hold harmless and release the Released Parties from any and all liability, claims and causes of action, under the laws of any jurisdiction, for any loss or damages -- including without limitation any injury, illness, invasion of privacy, defamation of character and attorney's fees -- to my person or property, or to the person or property of another, that may result from, or arise in connection with, my participation in said event(s). In consideration for the limited license granted herein to me to participate in said event(s), I have read and do hereby competently, freely and voluntarily execute this Limited Licensee's Release and Hold Harmless Agreement, and I understand its exclusive terms and conditions without reliance upon any statement, representation, promise or inducement of any kind other than as expressly provided hereinabove.

**SIGNATURE OF LICENSEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(SIGNATURE OF PARTICIPANT)**

**SIGNATURE OF Minor's Parent, Court Appointed Guardian, or other DOCUMENTED LEGAL REPRESENTATIVE (if any) of Licensee:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(SIGNATURE OF GUARDIAN OF PARTICIPANT IF PARTICIPANT IS A Minor)**

**Name:** \_\_\_\_\_ **CAPACITY:** \_\_\_\_\_  
**PRINT NAME OF GUARDIAN** **RELATIONSHIP TO PARTICIPANT**  
*(Copy of Birth Certificate, Court Order of Appointment, or other supporting legal documents must be ATTACHED)*

**ADDRESS:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**ABOVE LIMITED STATE LICENSE GRANTED by:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**NAME:**

**Authorized State Officer's/Employee's Title:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_