RELEASE AND WAIVER OF LIABILITY
(Minor / Ward Participant)

I the undersigned parent or guardian on behalf of the minor / ward as identified below (the "Participant"), who is to participate, whether as a member or non-member, in one or more events and/or utilize the services (the "Activities") provided and managed by The Kaleidoscope, Inc. (the "Organization") at 13680 Triadelphia Mill Road, Clarksville, MD 21029 (the "Property") do hereby release and hold harmless the Organization, the owners, successors, assigns and trustees of the Property, and each of their respective personnel, officials, officers, agents, employees, and volunteers (collectively the "Released Parties"), from any and all liability, penalties, costs, losses, damages, illnesses and injuries, including but not limited to COVID-19, expenses, causes of action, claims or judgments, including attorneys' fees, arising from, caused by, or related in any manner to the Activities or Participant's involvement in the Activities whether caused by the negligence of the Released Parties or otherwise including, but not limited to, any injury to, illness of, or death of Participant or any other participant in the Activities or any damage to any property of any kind.

I have read this release and waiver of liability and fully understand its terms. I acknowledge that: I am signing this release and waiver freely and voluntarily; I understand the Activities may present some risk of harm, injury, illness, or death to Participant and hereby agree to assume all such risks; and I intend by my signature to completely and unconditionally release all liability of the Released Parties to the maximum extent permitted by Maryland law. I also attest, to the best of my knowledge, that I have not been exposed to COVID-19 during the last two weeks and that I will follow all safety protocols as requested by the Organization.

In addition, The Kaleidoscope, Inc. has my permission to use any photographs or videos taken for publicity purposes.

Printed Name of Parent / Guardian Phone

Signature of Parent / Guardian Email

Printed Name of Minor / Ward (Participant)

Date

Emergency Contact Name(s) and Phone Number(s):