

CONDITIONS AND RELEASES FOR PARTICIPATION

Bay Shore Services, Inc.
1409c Wesley Drive, Salisbury, MD 21801
Phone: (410) 341-0307 ext 109 Fax: (410)912-0100

I/We give permission for the participant named above to fully participate in the activities of the Friendship Club. If at anytime in the future there are restrictions on the participant's ability to engage in Friendship Club activities, I/WE understand that we are responsible for notifying the Friendship Club staff on **ANY** restrictions, in writing, prior to continued participation. The activities of the Friendship Club include, but are not limited to, bowling, aerobics, dancing, yoga, painting, raft making, physical exercise, cooking, movie watching, attending sporting events, occasional outings off-site with limited transportation provided and other activities of social and recreational nature. I/We assume responsibility for all transportation to and from events unless other arrangements are made in advance. I/We understand the importance of promptly picking up the participant at the end of every activity and agree to pick up the participant on time from every event. In case of emergency or injury, I/We release Bay Shore Services, Inc., its staff, directors, agents, volunteers and representative of any liability. I/We do hereby waive all claims or legal actions, financial or otherwise, against Bay Shore Services, Inc., its employees, directors, agents, volunteers and/ or staff permission to seek emergency medical attention if they deem it to be necessary for the best interest of the participant. In the absence of the signature, payment of the membership fee and the participation in the Friendship Club activities shall constitute acceptance of the conditions set forth in this release.

Participant Signature: _____ Date: _____

Printed Participant Name: _____

Responsible Caregiver Signature: _____

Printed Caregiver Name: _____

If the participant has a legal guardian, the guardian must sign to give permission for participation.

Guardian Signature: _____ Date: _____

PERMISSION FOR PICTURES AND/OR TAPE RECORDINGS

I/We do hereby grant Bay Shore Services, Inc. full permission to take and use photographs, videotapes, motion pictures, voice recordings, or any other record of the participant's activities. In the absence of the signature, payment of the membership fee and participation in the Friendship Club Activities shall constitute acceptance of the conditions set forth in this release.

Participant Signature: _____ Date: _____

Applicable Guardian Name: _____ Date: _____

Responsible Caregiver Name: _____ Date: _____