



Art in the Park

PROGRAM INFORMATION

Wednesday

June 4

Times: 3:30 PM to 5:30 PM

Ages: Families Welcome

Cost: Free

Rain Date: Thursday, June 5th

Showell Park

11281 Racetrack Rd. Showell, MD 21862

In partnership with:
**WORCESTER
C O U N T Y**
arts
C O U N C I L

All ages welcome to participate. The community will be assisting us with a beautification project and mural installation at Showell Park. Participants will have the opportunity to paint their own piece of the mural!

Pre-registration is not required, but encouraged.

HOW TO REGISTER

In person, by mail or online at www.playmarylandsc coast.org

All payments must be received prior to participation.

Please make checks payable to: **Worcester County**

MARYLAND'S
Coast
WORCESTER COUNTY
Recreation & Parks



For more information contact **Nick Tolbert** at
(410) 632-2144 x2512 or
ntolbert@co.worcester.md.us

Youth Registration Form

Please use a separate registration form for each participant under 18

Name _____

Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ School Attending _____ Grade _____

Parent/Guardian _____ Daytime/Cell _____

Email _____ Home Phone _____

Emergency Contact _____ Phone _____

I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from participation. I recognize that participation in recreation and instructional activities, even when well supervised and managed, may pose a risk of physical injury to my child. Acknowledgement of Ability: My child is physically healthy and able to participate in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgement of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the county provides no insurance protecting my child. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

NOTICE: If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, no refund will be given for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff at the Recreation Center and a prorated percentage of the registration will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Parent / Legal Guardian Signature: _____ Date: _____

Adult Registration Form

Name _____ Sex _____

Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Home Phone _____ Work Phone _____

Email _____

Emergency Contact _____ Phone _____

I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically healthy and able to participate in this program. Acknowledgement of Medical Treatment: I authorize medical treatment, at my expense in the event of an injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

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Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date: _____ Amount: _____ Cash or Check #: _____ Initials: _____ Receipt #: _____