

Rollingcrest-Chillum Splash Pool
6122 Sargent Road
Chillum, Maryland 20782
(301)853-9115
Email: customerservice@pgparks.com

PARENT/GUARDIAN CONSENT

I hereby grant permission for my child _____, to participate in swimming activities at the Rollingcrest-Chillum Splash Pool under the supervision of Rock Creek Christian Academy Summer Enrichment Camp.

In granting permission, I hereby expressly waive any claim of liability against the Rollingcrest Recreation Park, including its employees and representatives. I release Rollingcrest Recreation Park from any and all liability incurred as a result of the Rock Creek Christian Academy Summer Enrichment Camp use of the pool facilities.

Further, I assume all responsibility for any damage to persons or property caused by my child or ward. I expressly agree to grant the sponsoring Summer Enrichment Camp permission to take appropriate disciplinary action if necessary.

It is further warranted that if this consent form is signed by one parent or guardian, it is with the authority of the other parent or guardian.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date