

**Skippack Township  
Parks & Recreation Department  
4089 Heckler Road  
P.O. Box 164  
Skippack, PA 19474  
Phone: 610.454.0909 Fax: 610.454.1385  
Email: [Parks@skippacktownship.org](mailto:Parks@skippacktownship.org)**

**Bocce Participant's Waiver and Release**

Skippack Township has arranged a program, which is conducted under the auspices of the Recreation Department, said program is entitled: \_\_\_\_\_

I certify that I, the undersigned, or the parent or legal guardian of the participant listed below do certify that the participant is in good health and is able to participate in such a program.

I understand that no health, and/or accident insurance is provided for participants and I accept full responsibility for obtaining the same or for repayment of all expenses in the absence of such insurance.

I the undersigned, do desire and intend to participate in the said recreation programs.

I do hereby, for myself, my heirs, executors, administrators and assigns, forever remise release and discharge Skippack Township, their successors and assigns, directors, officers, members, agents, and other representatives, and their heirs executors, administrators and assigns, form any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or acquire against Skippack Township or their directors, officers, members, agents and other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me which may occur during or by reason of my participation in said program.

I agree that Skippack Township shall have the right at their discretion to enforce established rules of conduct and/or terminate my participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest to the group and it's program as a whole.

I hereby grant Skippack Township and any of their directors, officers, members, agents and other representative's full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release them from any liability for such actions taken on my behalf.

I understand that a key has been provided to my Bocce Club which will permit access to the Skippack Township Bocce Pavilion equipment room. I agree to properly care for the Skippack Township bocce equipment while in use and to replace all equipment in the equipment room and to ensure that the door is securely locked when Bocce Club is finished using the equipment. I agree not to transfer or loan out the equipment room key or the bocce equipment at any time. I agree I will abide by the published Skippack Township Game Rules and the Skippack Township Park Rules.

IN WITNESS WHEREOF, and intending to be legally bound, the undersigned has hereunto set his hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Participant's Name: \_\_\_\_\_

Signature of Participant and/or Guardian: \_\_\_\_\_