

**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**

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: _____

If the program described above involves a sports program, 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.

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

Now, therefore in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, 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, from 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 baggage or any other 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 have hereunto subscribed this waiver and release on the _____ Day of _____, 20_____

Participant's Name: _____

Signature of Participant and/or Guardian: _____