

## SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164 Skippack, PA 19474 PHONE: 610-454-0909 ·FAX: 610-454-1385 www.skippacktownship.org

## RELEASE AND INDEMNITY FORM - INDIVIDUAL

NOW, THEREFORE, the undersigned legally bound, hereby promise, covenant and	ed, in consideration of the below, and intending to be a gree as follows:		
I, the undersigned,	(Name)		
associated with/and Skippack Township, from while participating in any activities on Stengaged as a participant in any and all activity Township.  The undersigned does fully release and dischassociated with/and Skippack Township and whether or not named herein, their heirs, excinsurers, and the respective agents, servants, and demands of whatsoever kind on account damages allegedly sustained by the undersignal of the sustained by th	Tliability whatsoever all employees and persons of any and all accidents and/or injuries sustained by kippack Township owned property, and/or while tries or trips sponsored or operated by Skippack marge Skippack Township, its employees and persons deall other persons, associations and corporations ecutors, administrators, successors, assigns and employees, from any or all causes of action, claims of all known and unknown injuries, losses and gred as a result of, arising from, any activity located participant in any Skippack Township sponsored		
individuals, from any and all losses suffered Township or judgments obtained on behalf out of any injury or loss or damage caused b participating in a Township sponsored or op Skippack Township reserves the right to can IN WITNESS WHEREOF, I have he			
of, 2016.			
Signature	Date Signed		
Print/Type Full Name and Title			
	Mailing Address		

Phone Number