## TO TO THE STATE OF THE STATE OF

## SKIPPACK TOWNSHIP

www.skippacktownship.org

4089 Heckler Road - P.O. Box 164, Skippack, PA 19464 PHONE: 610-454-0909 - fax: 610-454-1385

## RELEASE AND INDEMNITY FORM - INDIVIDUAL

Date Signed	
	Email
	Phone Number
Complete Mailing Address:	
Signature	Printed Name
mentioned individuals, from any and all started against Skippack Township or jud with Skippack Township arising out of an on Skippack Township property or whi	pack Township or any and all of the above- losses suffered by virtue of any and all suits algments obtained on behalf of any participants by injury or loss or damage caused by me while the participating in a Township sponsored or serves the right to cancel any program due to
persons associated with/and Skippack To corporations whether or not named h successors, assigns and insurers, and the any or all causes of action, claims and cknown and unknown injuries, losses	scharge Skippack Township, its employees and winship and all other persons, associations and erein, their heirs, executors, administrators, e respective agents, servants, employees, from demands of whatsoever kind on account of all and damages allegedly sustained by the n, any activity located on Skippack Township pack Township sponsored event.
persons associated with/and Skippack injuries and/or illnesses sustained by me	rms of liability whatsoever all employees and Township, from any and all accidents and/or while participating in any activities on Skippack engaged as a participant in any and all activities ok Township.
I, the undersigned,	(Name)
legally bound, hereby promise, covenant,	and agree as follows: