



New Garden Township

299 Starr Road • Landenberg, PA 19350

LIABILITY RELEASE AND PERMISSION FORM (ADULT)

All participants must sign this liability release and permission form and submit the executed form to **New Garden Township** representatives before they participate as a **New Garden Township** volunteer.

I, the undersigned participant, agree to participate in the **New Garden Township** volunteer program, and that I understand and assume all of the risks of my participation in that program.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

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

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge **New Garden Township**, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against **New Garden Township**, or its directors, officers, members, agents, or 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 this program.

I agree that **New Garden Township** shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant **New Garden Township** and any of its directors, officers, members, agents, and other representatives of **New Garden Township**, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

I have signed this waiver and release on the _____ day of _____, 20__.

Name of Participant (Print) _____

Signature of Participant _____

Home Address _____

Phone Number _____