

**PARTICIPANT WAIVER AND RELEASE
UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF PARKS & RECREATION**

Upper Providence 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 payment of all expenses in the absence of such insurance.

_____ I expressly understand and agree that neither Upper Providence Township, a municipal corporation, nor any of its agents, volunteers, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability arising from death, personal injury or property damage to myself or other person on whose behalf this form is now signed as a result of actual or proposed participation in the above named program or activity, and I hereby agree to defend, indemnify and hold Upper Providence Township, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim, whether caused by negligence or otherwise.

_____ I agree that photographs, videotapes, recordings, or any other reproduction of my image, or other person on whose behalf this form is signed, may be used for the purpose of promoting programs operated or sponsored by Upper Providence Township. I hereby grant Upper Providence Township permission to use such images in any media now or hereafter known for any legitimate purpose, and to use my name in connection therewith if Upper Providence Township so chooses.

_____ I agree that Upper Providence 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, or harmony of interest to the group and its program as a whole.

_____ I hereby grant Upper Providence Township and any of their directors, officers, members, agents and other representatives 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.

PROGRAM CANCELLATION AND REFUND POLICY

_____ Upper Providence Township reserves the right to cancel any program, trip or activity due to insufficient registration, inclement weather or any reasonable cause; in this case a full refund will be issued. **No refunds will be issued for cancellations unless requests are made *in writing* prior to 14 days of the start of a program. All refunds are subject to a 15% processing fee.** No refunds or credits will be issued for cancellation of bus trips, or cancellations made after the start of a program. There is a \$25.00 fee for all returned checks.

I have hereunto subscribed this waiver and release on the _____ Day of _____, 20_____.

Participant's Name: _____

Signature of Participant and/or Guardian: _____