



THIS IS A WAIVER & RELEASE AGREEMENT
Recreation Services and Parks Department
Conshohocken Community Center at the Fellowship House

General Waiver

As a participant or as the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which the participant may sustain as a result of participating in any and all activities connected with or associated with such program.

As a participant or as the parent/guardian of a participant in this program, I do hereby fully release and discharge **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House** and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or the participant may have or which may accrue to me or the participant on account of my, or the participant's, participation in the program.

As a participant or as the parent/guardian of a participant in this program, I agree to waive and relinquish all claims I or the participant may have as a result of participating in the program against **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House**, its officers, agents, servants, and employees.

As a participant or as the parent/guardian of a participant in this program, I further agree to indemnify and hold harmless and defend **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House** and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of the program.

I certify that I am in good physical health and have no limitations other than those I have listed during registration which may predispose me to risk during this program.

I also grant permission to supervising, managing personnel or other **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House** representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I, or my child, become ill or injured while participating in activities when I am unable to grant authorization for emergency treatment which treatment shall be at my expense. This form shall be considered valid until cancelled or changed in writing by the undersigned.

REFUND POLICY

I understand and agree to the activity refund policy that a full refund will only be given when a program is cancelled by **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House**. A refund request at least five (5) business days prior to the program, or one (1) week prior to park rentals, will receive a refund less 5%. NO REFUNDS will otherwise be given. All refunds are subject to State Board of Accounts claim procedures and may take up to seven (7) business days to process.

PHOTO RELEASE

I give permission to **Borough of Conshohocken Department of Recreation Services and Parks and the Community Center at the Fellowship House** for the free use of my likeness and that of my child or ward, in connection with any broadcast, telecast, video, photograph, print media, or other publicity.

By signing below, I acknowledge that I have read and understand the above Waiver & Release Agreement and I fully understand that "THIS IS A RELEASE" and further agree to abide by the rules above. (Parent or Guardian acknowledgment if Participant is under 18 years old.)

Print Name _____

Signature (Participant/Parent or Guardian) _____

Date _____