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Borough Manager

BOROUGH OF CONSHOHOCKEN

Department of Recreation Services

Waiver & Release Agreement

General Waiver
As a participant or as the parent/guardian of a participant in this program or rental, 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 or rental.

As a participant or as the parent/guardian of a participant in this program or rental, I do hereby fully release and discharge the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees from and against 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 or rental.

As a participant or as the parent/guardian of a participant in this program or rental, I agree to waive and relinquish all claims I or the participant may have as a result of participating in the program or rental against the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees.

As a participant or as the parent/guardian of a participant in this program or rental, I further agree to indemnify and hold harmless and defend the **Borough of Conshohocken** and its appointed and elected officials, 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 or rental.

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

I also grant permission to supervising, managing personnel or other **Borough of Conshohocken** 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. I understand that such 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 the **Borough of Conshohocken Department of Recreation Services**. A refund request at least five (5) business days prior to the start of a program or five (5) business days prior to a scheduled park or facility rental, 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 thirty (30) business days to process.

PHOTO RELEASE
I give permission to **Borough of Conshohocken Department of Recreation Services 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 (Participant)_____

Print Name (Parent/Guardian) _____
(If participant is under 18)

Signature (Participant/Parent or Guardian)_____ Date_____