

**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: **The First Responder 5K Gauntlet and 1 Mile Kids' Gauntlet.**

What specific areas/buildings/pavilions of which specific park/trail/historic site are being requested for use? **Black Rock Park**

_____ 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.

_____ All patrons are expected to respect the Park/Trail/Historic Site/Facility and the rights of other individuals. Any user who engages in disorderly conduct, including but not limited to, verbal or physical abuse of an employee or any other guest, is subject to immediate removal from the Park/Trail/Historical Site/Facility.

_____ All activities on Parks, Trails & Historic Sites' property are subject to the Rules and Regulations in place at subject property. Failure to comply with the Rules and Regulations may result in a revocation of an issued permit and/or refusal to issue future permits to permittee or groups associated with activities resulting from the issuance of any permit.

_____ 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.

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

Participant's Name: _____

Signature of Participant and/or Guardian: _____