



TOWNSHIP OF UPPER PROVIDENCE

1286 Black Rock Road, Phoenixville, PA 19460

610-933-9179 (phone) 484-391-2380 (fax)

www.uprov-montco.org

**PARTICIPANT'S 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.

Whereas, I the undersigned, do desire and intend to participate in all of said Recreation programs.

Now, therefore in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I do hereby, for myself, my heirs, executors, administrators and assigns, forever remise, release and discharge Upper Providence Township, their successors and assigns, directors, officers, members, agents, and other representatives, and their heirs, executors, administrators and assigns, from any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or acquire against Upper Providence Township or their directors, officers, members, agents and other representatives, by reason of any loss resulting from personal injury or damage to baggage or any other personal property belonging to me which may occur during or by reason of my participation in said program.

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, 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_____

Child's Name: _____

Signature of Participant and/or Guardian: _____

**UPPER PROVIDENCE TOWNSHIP DEPARTMENT OF RECREATION WOULD LIKE TO
THANK YOU FOR YOUR CONTINUED SUPPORT**

Registration Form for Programs and Activities

Resident? (YES NO)

Payment Method: _____

Payment Date: _____

Parent/Guardian or Participant if over 18 years old:

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

E-Mail Address: _____

(This is used by the Recreation Department only this is a secured list serve and will be shared by no one.)

Emergency Contact: (If different then above)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Participant Name	Age	Date of Birth	Activity or Class	Fee

Notes:

Cancellation & 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. A refund will be issued. Although, no refunds or credits will be issued for cancellation of each individual unless you notify the Recreation Department 48 hours prior to the start of the program. There is a \$25.00 fee on all returned checks.