



TOWNSHIP OF ABINGTON

ABINGTON TOWNSHIP – PARK AND RECREATION PROGRAM VOLUNTEER LIABILITY WAIVER AND RELEASE

I acknowledge that I have applied to volunteer for Abington Township Park and Recreation Department programs. I understand that my acting as a volunteer involves risks of injury to me or others. I understand these risks are entirely my responsibility. I expressly assume these risks. I am aware of the risks and hazards inherent upon choosing to volunteer, knowing that there may be conditions that are hazardous and/or dangerous for myself and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by such participation.

By signing this release of liability and agreeing to serve as a volunteer, and in consideration for being permitted to do so, I hereby fully and forever release, indemnify, and discharge Abington Township and Abington Township Parks and Recreation Department, and its officials, boards, departments, representatives and affiliated entities from any claims any and all claims, liabilities or actions for any personal injuries to me, and personal injuries to minors in my care, from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my acting as a volunteer. I fully and forever release and discharge Abington Township, the Abington Township Parks and Recreation Department, and their volunteers and vendors, employees and agents from any and all negligent acts and omissions in the same.

I understand that no health and/or accident insurance is provided by Abington Township for volunteers. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. In the event of my injury or illness, or that of any minor in my care, I authorize the following actions: Any Township personnel may, at his/her discretion, notify the physician whose name and telephone number have been provided in my volunteer application, and may render first aid to me or a minor in my care for a minor injury or emergency situation. Any licensed medical practitioner may perform necessary aid or care to me or to a minor in my care. I certify that I am insured by a medical care plan including hospitalization coverage.

I agree, for myself and/or for any minors in my care, to comply with all Abington Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have volunteered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Abington Township facilities and/or participate in Abington Township-sponsored activities and programs.

I grant Abington Township the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.



TOWNSHIP OF ABINGTON

Emergency Contact Information

In case of participant's injury or illness, I authorize the following actions: Any activity personnel may, at his/her discretion, notify the physician whose name and telephone number appear below. Any personnel may render first aid to the participant for minor injury or emergency situation. Any licensed medical practitioner may perform necessary aid or care to the participant or volunteer.

Name: _____ Relationship: _____ Phone: _____

Name of Personal Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Please list any allergies (especially food, plant, insect, medicines) and/or disabilities:

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND ABINGTON TOWNSHIP, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Participant Name (Print): _____

Participant Signature: _____

If Participant is under age 18

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____

Date: _____