

**PARTICIPANT AGREEMENT FOR UPPER
PROVIDENCE TOWNSHIP DEPARTMENT OF
PARKS & RECREATION**

I wish to participate in a program/activity/event organized by Upper Providence Township Parks and Recreation Department or organized by a third party vendor with whom the Township has a contract. The name of the event in which I wish to participate is _____.

In requesting to participate in the above named program/activity/event, I (or my guardian, where applicable) make the following representations:

_____ If the program described above involves physical activity, I verify that I have no physical condition known to me that would be inconsistent with my participation or create a known health risk.

_____ 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. Where the program/activity/event is presented by a third party vendor, the vendor is required to provide an insurance policy to the Township, but Township makes no representation regarding the extent to which that policy would provide coverage in the event of injury or damage to property.

_____ I understand that if the program/activity/event involves a trip off of Township property (except for day trips under the Camp Program, see next paragraph), Township supervision is limited to the trip to and from the program/activity/event and there is no supervision at the program/activity/event unless expressly stated by the Township.

_____ If the activity named above is a day camp trip sponsored by the Township Camp Program, I understand that supervision by Township staff will be provided for the duration of the trip. I will abide by the terms and conditions of the Camp Program Handbook. If I do not wish to participate in a particular camp trip, I will notify my head counselor at least 24 hours in advance.

_____ I understand that where the above stated program/activity/event is something of a repetitive nature (multiple visits to the rec center or other facility) this agreement will be kept on file and applies to all of the individual sessions that comprise the program/activity/event.

_____ 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/activity/event, absent proof of negligence.

_____ I agree that Upper Providence Township shall have the right at their discretion to create and enforce safety rules and rules of sportsmanship or conduct and Township may 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 will notify Township staff if I feel ill or dizzy or faint or in any way feel I am not able to continue my participation in the program/activity/event. Staff is authorized to contact emergency medical providers to treat me if they deem it necessary in their discretion. Township is not responsible for medical or ambulance charges.

PROGRAM CANCELLATION AND 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; in this case a full refund will be issued. **No refunds will be issued for cancellations unless requests are made in writing prior to 14 days of the start of a program. Refunds by check or to credit card include a fifteen percent processing fee. Refunds to a Township account do not involve a processing fee.** No refunds or credits will be issued for cancellation of bus trips, or cancellations made after the start of a program. There is a \$25.00 fee for all returned checks.

I have hereunto subscribed this waiver and release on date: _____

Participant's Name: _____

Signature of Participant and/or Guardian (guardian signature required for all participants under 18 years of age or where participant over 18 years is unable to understand or agree to the terms herein): _____

Printed name of guardian (if applicable): _____

Phone number(s) of Parent or Guardian to be used in case of emergency: _____