

All participants must sign this liability release and permission form and submit the executed form to the Township representatives before they participate in the Cheltenham Township volunteer program.

CHELTENHAM TOWNSHIP
LIABILITY & PHOTO RELEASE FOR VOLUNTEER PROGRAM

I, the undersigned participant, voluntarily agree to participate in the volunteer program, and I understand and assume all of the risks of my participation in that program listed below.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

I understand that no health, workers' compensation and/or accident insurance is provided for program participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the opportunity to interact with others by participating in said program and intending to be legally bound hereby, I, for myself, my heirs, executors, administrators, successors and assigns forever **remise, release and discharge** Cheltenham Township, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, of and from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims, judgments and demands whatsoever, which I or my legal representative may have or may acquire against Cheltenham Township, or its directors, officers, members, agents, or other representatives or employees, by reason of any loss resulting from bodily injury, personal injury or damage to any property belonging to me, which may occur during or by reason of my participation in this program.

I agree that Cheltenham Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant Cheltenham Township and any of its 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 all of them from any liability for such actions taken on my behalf.

I grant the right to use my name, image, photograph and video, including composite or modification, representations in license Publications, the Township Website and any other material relating to Cheltenham Township Parks and Recreation programs, activities and facilities. I waive the right to inspect or approve versions of my image used for our behalf as well as for use of my name or image set forth herein.

By signing below, I hereby release the Township of Cheltenham and/or its duly authorized agents from any and all liability in connection with the use of any photograph/video.

I have signed this waiver and release on the _____ day of _____, ____.

Name of Participant: _____
(Print) (Signature)

If participant is under age 18: _____
Parent/Guardian (Print) Parent/Guardian (Signature)

Event: _____