



# SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164  
Skippack, PA 19474

PHONE: 610-454-0909 · FAX: 610-454-1385

[www.skippacktownship.org](http://www.skippacktownship.org)

## RELEASE AND INDEMNITY FORM - ORGANIZATION

NOW, THEREFORE, the undersigned, in consideration of the below, and intending to be legally bound, hereby promise, covenant and agree as follows:

I, the undersigned, representatives of \_\_\_\_\_  
(Name of Organization)

Do hereby release from any and all forms of liability whatsoever all employees and persons associated with/and Skippack Township, from any and all accidents and/or injuries sustained by participants of activities on Township owned property, and/or any participant registered with Skippack Township while engaged in any and all activities sponsored or operated by Skippack Township.

The undersigned does fully release and discharge Skippack Township, its employees and persons associated with/and Skippack Township and all other persons, associations and corporations whether or not named herein, their heirs, executors, administrators, successors, assigns and insurers, and the respective agents, servants, employees, from any or all causes of action, claims and demands of whatsoever kind on account of all known and unknown injuries, losses and damages allegedly sustained by the undersigned or one of its members as a result of, arising from, any activity located on Skippack Township property or while a participant in any Skippack Township sponsored event.

I (we) also hereby agree to indemnify Skippack Township or any and all of the above-mentioned individual(s), from any and all losses suffered by virtue of any and all suit started or judgments obtained on behalf of any participants with Skippack Township arising out of any and all sickness/injury sustained in regard to participation in any activity while on Skippack Township property or while participating in a Skippack Township sponsored or operated event.

I (we) hereby certify to Skippack Township that our organization has obtained all appropriate and necessary releases from parents of children or from any participant in any event located on Skippack Township property. Our organization has obtained all necessary insurance to cover any necessary emergency medical treatment and has the appropriate medical/hospitalization insurance.

Skippack Township reserves the right to cancel any program due to inclement weather.

NOW, THEREFORE, the undersigned, in consideration of the above, and intending to be legally bound, hereby promise, covenant and agree as follows:

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day  
of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

