



# 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 - INDIVIDUAL

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, \_\_\_\_\_ (Name)

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 and/or illnesses sustained by me while participating in any activities on Skippack Township owned property, and/or while engaged as a participant in any and all activities or trips 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 as a result of, arising from, any activity located on Skippack Township property or while a participant in any Skippack Township sponsored event.

I also hereby agree to indemnify Skippack Township or any and all of the above-mentioned individuals, from any and all losses suffered by virtue of any and all suit started against Skippack Township or judgments obtained on behalf of any participants with Skippack Township arising out of any injury or loss or damage caused by me while on Skippack Township property or while participating in a Township sponsored or operated event. Skippack Township reserves the right to cancel any program due to inclement weather.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number