

Smithfield Township

1155 Red Fox Road | East Stroudsburg | Pennsylvania 18301 Ph: 570-223-5082 | Fax: 570-223-5086

www.smithfieldtownship.com

Release, Waiver & Indemnification Agreement

Program/Event Name	
Program/Event Location	
Program/Event Date	
representatives and assigns, release, a County, Commonwealth of Pennsylvan committee members, volunteers, agent contractors, and its/their insurance carr property damages, personal injuries (in and compensation whatsoever, known	, hereby release and forever discharge, and by these presents executors, successors, administrators, personal and legal acquit, and forever discharge the Township of Smithfield, Monroe ia and its respective officers, directors, supervisors, board and s, employees, vendors, invitees, guests, appointees, independent iters from any and all demands, causes of action and/or claims for cluding death) including any and all claims for illnesses, damages or unknown, or award or verdict of any type, including, without from my participation in the program/event hereinabove referred.

I acknowledge and fully understand that I will be engaging in activities that may involve the risk of injury, including partial or permanent disability and death, social and economic losses and property damage and any or all of which may result not only from my own actions, inactions or negligence but also from the actions, inactions, or negligence of others or the condition of premises, facilities or any equipment used. Therefore, I hereby knowingly, freely and voluntarily assume the risk of injury (including death) and damage resulting from my participation in the program/event hereinabove referred.

I further expressly understand and agree the foregoing release, indemnity and waiver is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania including, but not limited to, sole liability, joint liability, liability over, contribution and/or indemnity. If any portion of this agreement hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have read this release carefully, fully understand the terms and provisions thereof, have had the obligations that are imposed by the release explained to my satisfaction, and such release is signed freely,

Voluntarily and without any duress or coercion.

Signed and Sealed on the date herein below written:

Primary Contact Cell # in Case of Emergency:

Participant Name

Address:

Signature

Email:

Signature

Date