



Myerstown Borough Facilities Use Liability Waiver Form

Name of Participant: _____

Name of Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name of Group/Organization Using Facilities: _____

Event Date/Time: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Acknowledgement

I, the undersigned participant, parent, or guardian, assume responsibility for all risks, hazards, and injuries incidental to my/my child's participation in the activities of the group or organization named above, and I hereby release and absolve Myerstown Borough, its officers, agents, and employees from any and all liability, claims, causes of action, or actions, including those for bodily injury and/or property damages sustained, arising out of or incurred in connection with my participation in such activities on Myerstown Borough property, and I hereby agree to indemnify and hold harmless Myerstown Borough for any such liability, claims, damages, causes of action, or any other actions.

In case of accident, injury, or illness, I hereby give my consent for emergency medical treatment. I agree that I shall be responsible for any and all medical expenses that are incurred as a result of treatment rendered to me. I understand that Myerstown Borough does not provide insurance coverage to anyone participating in private activities on Borough property and this is my personal responsibility.



MYERSTOWN

EST 1768

If over the age of eighteen (18) and working with children, I understand that I am responsible to comply with all applicable Pennsylvania laws governing volunteers working with children. If criminal background checks and child abuse clearances are required, I will provide copies of these clearances to Myerstown Borough. (Additional information can be found at KeepKidsSafe.pa.gov)

Participant: By signing below, I certify that I have read and agreed to the above conditions and statements.

Parent/Guardian: By signing below, I give consent for the minor applicant to participate in the activities of the above-named group or organization, subject to the terms and conditions set forth above.

Signature: _____ **Date:** _____

