



MYERSTOWN

EST 1768

## Myerstown Borough Facilities Waiver Form

Name of Organization Using Facilities: \_\_\_\_\_

Event Date/Time or Schedule: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### ACKNOWLEDGEMENT

I, the authorized representative of the group or organization named above, hereby acknowledge that said group or organization shall assume responsibility for all risks, hazards, and injuries incidental to the use of Myerstown Borough's facilities by its participants, and hereby releases and absolves 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 the organization's activities on Myerstown Borough property, and hereby agrees to indemnify and hold harmless Myerstown Borough for any such liability, claims, damages, causes of action, or any other actions, including but not limited to medical expenses incurred by the organization's participants as a result of accident, injury, or illness.

I verify that the above-named group or organization understands and agrees that Myerstown Borough does not provide insurance coverage to anyone participating in private activities on Borough property and this is the responsibility of the group or organization and/or its individual participants.

I acknowledge that the above-named group or organization understands that it is responsible to comply with all applicable Pennsylvania laws governing volunteers over the age of eighteen (18) and working with children. If criminal background checks and child abuse clearances are required, the group or organization will obtain the necessary checks and clearances and provide verification to Myerstown Borough it has complied with the law. (Additional information can be found at [www.KeepKidsSafe.pa.gov](http://www.KeepKidsSafe.pa.gov).)

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative