LANCASTER COUNTY DEPARTMENT OF PARKS AND RECREATION
WAIVER AND RELEASE OF LIABILITY

This must be completed – legibly – and signed in all areas by the Participant and if under eighteen (18) years of age also by his or her parent or guardian. By signing this form, all affirm having read it.

_____
Last Name First Name

_____
Birth Date Age Gender

In consideration of being allowed to participate in County of Lancaster programs, training and related events and activities, all the undersigned:

1. Acknowledge and fully understand that the participant may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, or the training involved or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Release, waive, discharge, and covenant not to sue County of Lancaster, leaders, administrators, directors, agents, trainers, coaches and other employees of the County, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "Releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise. The parent(s) or guardian(s) agrees to indemnify and hold harmless Releases for any loss, damages and/or costs incurred for any claims made by participant.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

_____ Date _____
Participant Signature

_____ Date _____
Parent or Guardian Signature
(if participant is under 18)

Emergency contact _____ Phone #_____