

WAIVER AND RELEASE OF LIABILITY INDEMNIFICATION

IN APPLYING FOR REGISTRATION IN THE PROGRAM AND FACILITY,
THE FOLLOWING AGREEMENTS MUST BE ENDORSED:

- 1. I agree on behalf of myself and in behalf of my minor child to release and discharge the Elk Creek Recreation and Leisure Board, Girard School District, Girard Borough, Girard Township, and Lake City Borough, officers, representatives, and employees of the above mentioned municipalities and the Elk Creek Recreation and Leisure Board from any and all claims arising out of or in any way connected with any program being operated by the Elk Creek Recreation and Leisure Board. The applicant hereby assumes all risks of injuries or damage to the person on behalf of myself and any minors to which I am a parent or guardian, which might occur as result of participation in the program of the Elk Creek Recreation and Leisure Board.
- 2. I agree to abide by the regulations for operation of the facility used for the program, and regulations for the individual activity.
- 3. I further hereby agree to indemnify and save harmless the Elk Creek Recreation and Leisure Board, Girard School District, Girard Borough, Girard Township, and Lake City Borough, officers, representatives, and programs from any and all liability that may occur to myself or members of my immediate family in any Elk Creek Recreation and Leisure Board program. This indemnification is to include and is not necessarily limited to any or all cost of litigation, medical expenses, and judgment or subrogation interests.
- 4. I acknowledge that passes and restrictions may not be loaned or transferred; the permit and privileges associated with it are not transferable and will be lifted, if presents by any other person than one to whom it is issued. We will consider your application for registration as acceptance of the above items. The signature of parent, or guardian or adult participant indicated acceptance of liability indemnification.
- 5. I understand the Elk Creek Recreation & Leisure Board will not tolerate behavior that infringes on the safety of any participant. Participants shall not intimidate, harass, or bully another participants through words or actions. Participants who display this behavior may be removed from the program without refund.
- 6. I understand the refund policy is to provide refunds only in the event the program is cancelled or changed by the Recreation Department, or if a medical excuse is presented at the beginning of the program. There will be no refunds due to inclement weather. Refunds cannot be given as credit towards a future program.
- 7. I understand that if a serious medical condition is noted on this waiver a doctor's release will be required in order to participate in certain programs.
- 8. In addition, I understand the Elk Creek Recreation & Leisure Board reserves the right to photograph facilities, activities and program participants for potential future use. Participants agree to be photographed and their image may be used in printed or electronic materials for the purpose of promoting the Elk Creek Recreation & Leisure Board programs or for any purposes relating to the Elk Creek Recreation & Leisure Board. All photos will remain the property of the Elk Creek Recreation & Leisure Board.

IF YOU HAVE READ AND AGREE TO THE WAIVER AND RELEASE OF LIABILITY, FILL OUT THE REGISTRATION FORM COMPLETELY, MAIL-IN REGISTRATIONS ARE ACCEPTED WHEN NOTED NEXT TO PROGRAM.

Make check or money order payable to: Elk Creek Rec Board - PO Box 95 - Girard PA 16417
If you have any questions please call 814-774-3519 -leave your name, number and reason for call

REGISTRATION AND WAIVER FORM – REC BOARD PROGRAMS

PROGRAM: _____ TODAYS DATE: _____
PARTICIPANT NAME: _____ AGE: _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY _____ ZIP _____ PHONE: _____
EMAIL ADDRESS: _____ SCHOOL: _____ GRADE _____
MEDICAL CONCERNS: _____ GENDER (CIRCLE ONE): M F
EMERGENCY #: _____ HOW DID YOU HEAR ABOUT THE PROGRAM: _____
RESIDENT (CIRCLE ONE): LAKE CITY GIRARD TWP GIRARD BORO OTHER

I HAVE READ AND UNDERSTAND THE WAIVER:

SIGNATURE: _____ DATE: _____
PROGRAM COST: _____ DATE PAID: _____ AMOUNT: _____ CASH: _____ CHECK# _____

T-SHIRT SIZE (IF APPLICABLE) CIRCLE ONE:

- XS(2-4) SM(6-8) MED(10-12) LG(14-16) ADULT S ADULT M ADULT L ADULT XL