



**Upper Township, New Jersey
Event participant release and waiver**

I _____ agree to hold the Township of Upper including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers forever harmless from and against any and all claims, damages, losses, expenses, obligations liabilities, including but not limited to attorney fees arising out of or resulting in any accident, injury, pain, death or loss suffered by me as a result of my participation in any capacity on the following date(s) Fridays 12:15-5:15
(mm/dd/yyyy)
for the following purpose homeschool Fridays
Name of event

*Sept. thru May +
all extracurricular dates
at the Center*

THIS CONTRACT IS ENTERED INTO AS OF THE DAY AND YEAR WRITTEN BELOW

PRINT Participants Name _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: () _____ - _____

Emergency Contact Name and Number: _____ () _____ - _____

Participant Signature: _____ Date _____
(Parent signature required for minor less than 18 yrs of age)

PRINT Witness Name: _____

Witness Signature: _____ Date _____