



**UPPER MERION COMMUNITY CENTER**

**431 W Valley Forge Rd., King of Prussia, PA 19406**

**610-265-1071 | www.umtownship.org**



**Youth Liability Waiver**

1. I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.
2. I understand that Upper Merion Township shall have the right at their discretion to enforce established rules of conduct and/or terminate individual's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, or interest of the group and its program.
3. I hereby grant Upper Merion Township and any of their directors, agents, and other representatives' full authority to take whatever action they consider to be warranted regarding said participants health and safety, and fully release them from any liability for such actions taken on participant's behalf.
4. I will furnish a certified birth certificate or proof of birth of the said participant upon request by Upper Merion Township.
5. I understand and agree that once said program has begun, no refunds are provided for said participants; unless, program is cancelled by Township or organization sponsoring program. Request for refund must be made prior to the start of the second class.
6. To the best of my knowledge, the participant is in good health and is able to participate in the activity. I understand that while the recreation program staff makes the safety of participants its top priority, no recreational activity is without some inherent risk of bodily harm.
7. In cases of accidents, I release Upper Merion Township from all claims to personal injury and property damage which may result from participation in the above trips, activities, camps, and other programs.
8. The participant will abide by all rules and regulations set forth by Upper Merion Parks & Recreation relating to participation in the above trips and activities, including Upper Merion Area School District rules and regulations pertaining to illegal drugs, weapons, and smoking.
9. As an adult/ parent/guardian, I am responsible for all transportation to and from the activity or bus pick-up point.
10. Upper Merion Township is not responsible for lost, stolen, or misplaced items.
11. I hereby grant permission to allow photographs and videos to be taken of this activity for Upper Merion Township publicity purposes.
12. I have read, understand, and agree to the above items and the registration policies.

**Child's Name:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent/Guardian's Phone Number:** \_\_\_\_\_

**Parent/Guardian's Email:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Mailing Address:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_