

**Franconia Township – Park and Recreation Program Participant
Youth Tennis Camp**

Liability Waiver and Release

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by Franconia Township ("Township"), where the Township provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use Township facilities and/or participate in Township-sponsored activities/programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents, volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township-sponsored activities and programs.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Township. I understand that no health and/or accident insurance is provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. I hereby give the Township's staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

I grant the Township the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND THE TOWNSHIP, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Participant Name (Print): _____

Participant Signature: _____

If Participant is under age 18

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____

Date: ____/____/____

Recreation Program Participant Form and Release

671 Allentown Road
Telford, PA 18969-2205
Phone: 215-723-1137 Fax: 215-723-4167

REGISTRATION FORM FOR PROGRAMS/ACTIVITIES

One participant per registration form please

Participant Information:

Age _____ Resident: Yes or No

Name _____ Sex: M F Date of birth: _____

Address _____ City _____ State _____ Zip _____

Day phone _____ Night phone _____ Cell phone _____

E-mail address _____

(Note: For use by parks and recreation department only. Email addresses will not be shared.)

Special needs or requested accommodations (e.g., allergies, other medical restrictions, requires inclusion services, etc): _____

For aquatic programs: Can minor participant swim without a floatation device? Y N
(If "No", minor participants will be required to wear USCG-approved life vest when in or near water.)

Participant Signature _____ Date _____
(Parent/Legal Guardian if under 18)

All participants (and their parent/legal guardian if participant is under age 18) must also review and sign the attached liability waiver and release.

Emergency contact:

Name _____ Relation _____

Day phone _____ Night phone _____ Cell phone _____

Program Name	Session	Date	Time	Fee

Total Cost

\$ _____

☐ Program requires completed medical exam/immunization form. Current copies accepted.

Cancellation and refund policy: Franconia Township reserves the right to cancel any program, trip or activity due to insufficient participants, inclement weather or for any other reasonable cause. Should such a cancellation occur, a refund of fees will be provided. Participants who are unable to attend a program should notify the park and recreation department 48 hours before the event in order to qualify for a refund of registration fees. Refunds will not be provided for participant cancellations less than 48 hours before an event. A fee may apply for returned checks.

Office Use Only:

Received: ____/____/____ Payment Method _____ Amt. \$ _____ Paid _____

Current physical/immunization form attached _____