



SPRING GARDEN TOWNSHIP PARTICIPANT WAIVER AND RELEASE

Participant Information	
Participant Name (print):	
Applicant Address:	Spring Garden Township Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip:	Phone:
Email Address:	
Parent or Legal Guardian Name if Participant is under Age 18:	
Emergency Contact:	

Participant Data
Birth month and year:
Program Title:
Program Dates:

Waiver of liability: I, the above-named candidate for participation in the above-named activity, hereby, waive any claim for bodily injury or property damage against the Spring Garden Township, its agents, servants, and/or employees while a participant in the above-named activity.

Signature: _____
Participant's signature or parent/legal guardian if under 18.