

Glenroy Preserve

VOLUNTEER WAIVER, ASSUMPTION OF RISK, AND RELEASE

ACTIVITY NAME: _____

ACTIVITY DATE: _____

PARTICIPATE CONTACT INFORMATION

Name: _____

Date: _____

Street address: _____ City, State & Zip: _____

Email: _____ Phone: _____

PHOTO RELEASE

I give permission for my (my child's) photo to be taken during these activities and authorize Lions Club, Oxford Area Foundation, and Glenroy Preserve to use said photographs in commercial or non-commercial publicity (i.e. newsletters, newspapers, website, social media, television, etc.).

PRINT NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (for participants under 18 years of age) :

Assumption of Risk: I have read a description of this activity and/or have been briefed on the activity requirements and understand that this activity may involve hazards to myself or my personal property. However, I am willing to take the risk of such hazards in order to participate in this activity. I hereby agree to assume those risks.

No Benefits: I understand that I am not acting as an agent, authorized representative, or employee of Glenroy Preserve or the Oxford Area Foundation and am not entitled to any benefits that may accrue thereto.

Waiver and Release: In consideration of being permitted to participate in this activity, I hereby release and agree to hold harmless Glenroy Preserve or the Oxford Area Foundation, its employees, directors, officers and agents from any and all claims that may arise from or relate to my participation in this activity, including negligence on the part of any of them. I agree that this Waiver and Release is intended to be as broad and inclusive as allowed by Pennsylvania law, and that if any provision is deemed invalid, the remainder will still be in effect.

I further release Glenroy Preserve or the Oxford Area Foundation from any claim whatsoever which arises or may arise on account of any first aid, treatment, or services rendered in connection with my participation in this activity. I give my permission to be transported to a hospital or emergency facility for treatment. Nothing in this authorization shall be deemed to require Glenroy Preserve or the Oxford Area Foundation to take any such action.

SIGNATURE: _____

DATE: _____

Parent or guardian must sign for participants under 18 years of age:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

A parent or supervising adult is required to accompany a participant under 18 and must supervise the participant at all times.