WINSLOW TOWNSHIP ALL STAR PROGRAM

"Neurodiversity is our Strength"

General Liability Waiver

I,_____, being aware of my own health and physical condition, and having knowledge that my participation in any sports program may potentially be injurious to my health, am voluntarily participating in the Winslow Township All Star Program.

Having such knowledge, I hereby acknowledge this releases the Township of Winslow, Winslow Township All Star Program and any of the Township's elected and appointed officials, its employees, volunteers, representatives, agents, and successors from liability for accidental injury or illness, including death and property damage, which I may incur as a direct or indirect result of participating in the Winslow Township All Star Program. I hereby assume all risks connected therewith and consent to participate in the program. I further agree that I will submit any medical bills for treatment to my own health insurance provider.

I shall indemnify, save and hold harmless and defend the Township of Winslow, Winslow Township All Star Program, the Township's elected and appointed officials, its employees, volunteers, representatives, agents, successors and others working on behalf of the Township from and against any and all claims arising out of my participation in the Winslow Township All Star Program. This includes any causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

_____ _____

Signature **Date**

Name: _____

Address: _____

Telephone Number: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Parent or Guardian (if participant is under 18): I am the parent or legal guardian of the above-named minor child and, as such, I am authorized to enter into this agreement. I agree that my minor child and I are bound by and subject to the terms of this agreement. I understand that my signature here reflects my agreement to hereby release, waive, discharge, and covenant not to sue the Township of Winslow or its mayor, committee members, employees, agents, successors and assigns from liability from any and all personal injuries (including death), property damages, losses, suits, costs (including reasonable attorney's fees), claims, damages, expenses, judgments, liabilities, or liens, arising directly or indirectly from my child's participation in the Winslow Township All Star Program.

_____

Parent/Guardian Name **Parent/Guardian Signature** **Date**

_____

Township Witness Name **Township Witness Signature** **Date**