



DATE _____
CHECK # _____ CC(MV /V) _____ CASH _____
INITIALS _____ ENTERED _____

DAY PASS \$14.00 PER PERSON –WEEKDAYS AFTER 4:00 P.M., WEEKENDS & HOLIDAYS

GUEST'S NAME _____ AGE _____ BIRTHDATE _____ M F

ADDRESS _____
 STREET CITY STATE TOWNSHIP ZIP PHONE

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**FRIENDSHIP COMMUNITY CENTER
 RELEASE AND WAIVER OF LIABILITY AGREEMENT**

IN PARTIAL CONSIDERATION for being permitted to become a member of or otherwise enter or use the facilities of the Friendship Community Center (the "FCC")("Facilities" shall include but not be limited to the FCC building, all furniture, fixtures and equipment contained therein and all programs and activities conducted therein) the undersigned individual (the "Member") agrees as follows:

1. For himself or herself, his or her personal representative, heirs, assigns and next of kin, acknowledges, agrees and represents that the Member, immediately upon entering or using and of the facilities of the FCC, and continuously thereafter, shall inspect the facilities and all portions thereof which the Member enters or uses and that entry into the facilities or use thereof constitutes an acknowledgement that the Member has inspected the facilities and finds them to be safe and reasonably suited for the purposes of the Member's use. The Member further agrees and warrants that if at any time the Member is in or using the FCC facilities and believes anything to be unsafe, the Member will immediately advise the staff of the FCC and cease using the facilities.
2. The Member hereby releases, waives and discharges Lower Paxton Township and any of its officials and employees (individually and collectively the "Township") from any and all liability to the Member, his or her personal representative, heirs, assigns and next of kin for any and all loss or damage and any or all claims or demands therefore due to injury to the person or property of the Member or the death of the Member, whether caused by the negligence of the Township or otherwise while the Member is in or using the FCC facilities.
3. The Member hereby assumes full responsibility for a bodily injury, death or property damage due to the action or inaction of the Township or otherwise while in or using the FCC facilities.
4. The Member expressly acknowledges and agrees that there are certain dangers and risks of bodily injury, death and property damage involved in using the FCC facilities.
5. The Member acknowledges that he or she has been provided with a copy of the FCC membership rules/policies and agrees to comply with them. The Member further understands and acknowledges that failure to comply with the membership rules/policies may result in loss of membership in the FCC without a refund of any amounts paid therefore
6. The Member acknowledges that he or she has read and voluntarily signs this Release and Waiver of Liability Agreement and further agrees that no oral representations, statements or inducements other than the terms of this Release and Waiver of Liability Agreement have been made.

Date: _____

Signature: _____
 (If the Member is under 18 years of age, a signature of the parent or guardian is required.)

Print Name: _____

Form available on the web at lowerpaxton-pa.gov