TOWNSHIP OF LOWER MERION

Department of Parks & Recreation

ADOPT-A-PARK VOLUNTEER APPLICATION

Park/Location:	
Volunteer's Name:	Age:
Address:	Zip:
Telephone:	_E-mail:
Emergency Contact/Phone Number:	
Medical Conditions/Allergies/Medications:	
Physicians Name/Phone Number:	
I the undersigned, being the participant or that age 18, in consideration of permission to participant (the"Program"), recognize that the Program bushes, trees, ticks, poison ivy, cold weat outdoors, I (we) hereby release the Townsh sponsors, organizers and all leaders assigned claims or any other liabilities whatsoever for connection with the above activity. Further against any of the above named on my own	he parent or legal guardian of the participant if under rticipate in the Township's "Adopt-A-Park" program includes exposure to natural hazards such as rose ther, mud, etc. Recognizing these hazards of the hip of Lower Merion, its officers, agents, employees, d by them from any and all actions, causes of action, or any damage and/or injury to any person or thing in termore, I hereby agree to refrain from bringing suit behalf or on behalf of the minor child (named above) by person or thing that occurs in connection with the

Date

Daytime Telephone

Adult Participant's/Parent's Signature