

**UPPER DUBLIN TOWNSHIP  
LIABILITY RELEASE  
AND PERMISSION FORM FOR ADULT PARTICIPANTS**

Upper Dublin Township is permitting personnel from other fire departments to use the Township's fire training ground for participation in authorized training programs. All participants must sign this liability release and permission form and submit the executed form to the Township representatives before they participate in the program.

I, the undersigned participant, voluntarily agree to participate in this program, and that I understand and assume all of the risks of my participation in that program.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries and the possibility of permanent disability and/or death.

I understand that no health, and/or accident insurance is provided for program participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge Upper Dublin Township, and its successors and assigns, directors, officers, members, agents and representative and employees of the police department, and their heirs, executors, administrators, and assigns, from any and all of manner actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Upper Dublin Township, or its directors, officers, members, agents or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program.

I agree that Upper Dublin Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with welfare, comfort, harmony or interest of the program as a whole.

I hereby grant Upper Dublin Township and any of its directors, officers, members, agents, and other representative of the police department, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_ Participant Organization: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

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