



Recreational Program Form

Program Name _____

Program Dates (start) _____ (end) _____

Session # (If applicable) _____

Participant Name _____

Date of Birth _____ Age _____ Male Female (Circle One)

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

Parent/Guardian/Emergency Contact _____

Emergency Contact Phone Number _____

Are there any health conditions you would like us to be aware of? YES / NO

If yes, please explain

Signature: _____ (parent/guardian)

Date: _____

***By completing and signing this document you are
agreeing the liability waiver on the reverse side.**

Submit completed form to:

**S&T Bank Arena
497 East Pike Rd.
Indiana, PA 15701**

For Office Use only

Date Received _____ Fee Paid _____ Cash _____ Check _____ Signature _____

RELEASE

In consideration of White Township permitting my participation in White Township Recreational Programming I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.