



**WARNING, ACKNOWLEDGEMENT OF RISKS,
ACCEPTANCE OF RESPONSIBILITY AND
RELEASE OF LIABILITY
- PLEASE READ CAREFULLY -**

In consideration of being allowed to participate in the Lancaster County Conservancy ("LCC") activity or event for which I am registering (the "Activity"), and intending to be legally bound hereby, I, on behalf of myself and any minor child(ren) for which I am parent, legal guardian or otherwise responsible, understand, acknowledge and agree as follows:

I acknowledge and fully understand that participation in the Activity and/or the use of equipment provided by LCC for use in the Activity involve risks of damage, serious injury, including permanent disability and death, and severe losses which might result not only from the actions, inaction, or negligence of participants, but also the actions, inaction or negligence of others, or the conditions of the location of the Activity or of any equipment used, or other causes known or unknown, foreseeable or unforeseeable. I also understand that participation in the Activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I have carefully considered the risks involved. I knowingly and freely assume all of such risks, known and unknown, and accept personal responsibility for the losses and damages following any such damage, injury, permanent disability or death. To the fullest extent permitted by law, I individually, jointly and severally, for myself and for any minor children for which I am parent, legal guardian or otherwise responsible, and for my successors, heirs, personal representatives and assigns, release, waive, discharge, indemnify and covenant not to sue each and every of LCC, its principals, directors, officers, agents, employees, volunteers, coordinators, sponsors, partners, all other participants, and all their successors and assigns, all of whom are referred to as "Releasees", from any and all claims, rights, demands, causes of action, losses, attorney's fees, costs, damages, actions, suits, agreements, obligations, and liabilities of any and every kind and description, whether known or unknown, suspected or unsuspected, foreseen or unforeseen, real or imaginary, actual or potential, whether or not well founded in fact or in law, and whether arising at law or equity, and whether arising from the negligence of Releasees or otherwise. I agree that the exclusive venue for any dispute that may arise between me and LCC arising out of this Agreement or otherwise shall be the Court of Common Pleas of Lancaster County, Pennsylvania.

In case of an emergency involving me or my child, I understand that a reasonable effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose Protected Health Information/Confidential Health Information (PHI/CHI) to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. PHI/CHI under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the Activity.

I hereby assign and grant to LCC the right and permission to use and publish the photographs, films, videotapes, electronic representations and/or sound recordings made of me or my child at all LCC activities, and I hereby release LCC, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with the activity from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast, electronic storage, and/or distribution of said photographs, films, videotapes, electronic representations and/or sound recordings without limitation, at the discretion of LCC, and I specifically waive any right to any compensation I may have for any of the foregoing.

If any portion of this agreement is determined to be unenforceable all other parts shall remain in full force and effect.

I HAVE READ ALL OF THE FOREGOING WAIVER, ACKNOWLEDGEMENT OF RISKS, ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY, I UNDERSTAND IT, AND I FREELY AND VOLUNTARILY UNDERSTAND, ACKNOWLEDGE AND AGREE THAT, TO THE FULLEST EXTENT PERMITTED BY LAW, I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

THOSE OF LESS THAN 18 YEARS OF AGE, SIGN HERE. I affirm that I am _____ years of age and that the individual signing this Release with me is my parent/legal guardian.

Signature: _____ **Date:** _____

PARENT/ LEGAL GUARDIAN SIGN BELOW

I affirm that I am the parent or legal guardian of the individuals signing this Release immediately above and that I have read and understand the Release and accept same, consent to the above individual's use of the equipment and to have Lancaster County Conservancy transport the above individual if required, agree on my own behalf, on behalf of such individual's other parent or legal guardian, and on behalf of said individual to be bound by the contractual undertakings set forth in this Release.

Signature: _____ **Date:** _____

THOSE 18 YEARS OF AGE OR OLDER, SIGN HERE

Signature: _____ **Date:** _____

REQUIRED - LEGIBLY PRINT THE NAME AND ADDRESS OF PARTICIPANT:

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____