

**West Goshen Township**  
**Participant Recreation Form**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Cell phone number accessible during the event: \_\_\_\_\_

In case of emergency, call (if different than home): \_\_\_\_\_

Recreation Activity and Date: \_\_\_\_\_

I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all rights and claims for damages I may now or hereafter have against West Goshen Township and its respective employees for any and all damages or injuries which may be sustained by me or my family arising out of participation in the above activity.

\_\_\_\_\_  
Signature (Signature of parent if under 18)

\_\_\_\_\_  
Date