

**RELEASE AND INDEMNIFICATION AGREEMENT**

**PARTICIPANT:** \_\_\_\_\_  
Name (last name first - please print or type)

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

As the Participant named above, I agree that I have voluntarily enrolled to participate in the activities of the Organization named above. I acknowledge that the nature of the activities of said Organization may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of allowing me to participate, I hereby accept all risk to my and any injury or death that may result from such participation and I hereby release the Borough of Haddon Heights and the Board of Education of the Borough of Haddon Heights, its elected officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns of me, for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to me, including my death, that may result from or occur during my participation in the activities of the Organization, whether caused by negligence of the Borough of Haddon Heights or the Board of Education of the Borough of Haddon Heights, its elected officers, employees or representatives or otherwise. I further agree to indemnify and hold harmless the Borough of Haddon Heights and the Board of Education of the Borough of Haddon Heights, its elected officers, employees and representatives from liability for the injury or death of any person(s) and damage to any property that may result from my negligent or intentional act or omission while participating in the activities of the Organization.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE I AM PARTICIPATING IN THE ACTIVITY OF THE ORGANIZATION AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Participant

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Printed Name of Witness