

REGISTRATION FORM—MONDAY, NOVEMBER 11 2019 VETERAN'S DAY CELEBRATION SCHNECKSVILLE FIRE COMPANY PAVILION 4550 Old Packhouse Rd, Schnecksville

**Mail Completed Registration Form to:
North Whitehall Township
3256 Levans Road, Coplay, PA 18037**

**DOORS OPEN at 10:15am—MUST PREREGISTER
REGISTRATION DEADLINE IS NOVEMBER 1, NO WALK-INS
Parkland School District Residents only
Light Lunch will be provided.**

Veteran:		Guest:			
	<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>LAST NAME</small>
Please circle which Branch of Military	AIR FORCE	ARMY	COAST GUARD	MARINES	NAVY
ADDRESS:					ZIP CODE:
TELEPHONE:		NO RAIN-DATE		Donations Accepted	
EMERGENCY CONTACT INFORMATION					
<small>FIRST NAME and LAST NAME</small>				<small>TELEPHONE</small>	

SIGNATURES REQUIRED BELOW

**SIGNATURE(s) REQUIRED -- Veteran / Guest
EVERYONE ATTENDING MUST SIGN THIS FORM.**

(Date)



WAIVER STATEMENT

To the best of my knowledge, I am in satisfactory physical condition and fully able to participate in any **Veteran's Day** activity in which I choose to attend. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to person or property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in any **Veteran's Day** activity.

I hereby **RELEASE, WAIVE, DISCHARGE, AND**

COVENANT NOT TO SUE North Whitehall Township, its officers, agents, employees, volunteers and assigns, from and against any and all losses, liability, claims, demands, damages, actions and causes of actions, and expenses including reasonable attorneys' fees, judgments, and amounts, whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the **Veteran's Day Celebration** is being conducted.

I expressly intend that this Waiver of Liability and Hold Harmless Agreement shall be binding upon me, my spouse (if any), my heirs, assigns and personal representatives, and shall be deemed a

RELEASE, WAIVER, DISCHARGE, and CONVENTION NOT TO SUE North Whitehall, its officers, agents, employees, volunteers and assigns. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the Commonwealth of Pennsylvania.

In signing this Waiver of Liability and Hold Harmless Agreement, I acknowledge and represent that I HAVE READ this Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made, and I acknowledge adequate and complete consideration for same through my ability to participate in said **Veteran's Day Celebration**.