

**WAIVER AND RELEASE OF LIABILITY INDEMNIFICATION**  
IN APPLYING FOR REGISTRATION IN THE PROGRAM AND FACILITY,  
THE FOLLOWING AGREEMENTS MUST BE ENDORSED:

1. I agree on behalf of myself and on behalf of my minor child to release and discharge the Elk Creek Recreation and Leisure Board, Girard School District, Girard Borough, Girard Township, and Lake City Borough, officers, representatives, and employees of the above-mentioned municipalities from any and all claims arising out of or in any way connected with any program being operated by the Elk Creek Recreation and Leisure Board. The applicant hereby assumes all risks of injuries or damage to the person on behalf of myself and any minors to which I am a parent or guardian, which might occur as result of participation in the program of the Elk Creek Recreation and Leisure Board.
2. I agree to abide by the regulations for operation of the facility used for the program, and regulations for the individual activity.
3. I further hereby agree to indemnify and save harmless the Elk Creek Recreation and Leisure Board, Girard School District, Girard Borough, Girard Township, and Lake City Borough, officers, representatives, and programs from any and all liability that may occur to myself or members of my immediate family in any Elk Creek Recreation and Leisure Board program. This indemnification is to include and is not necessarily limited to any or all cost of litigation, medical expenses, and judgment or subrogation interests.
4. I acknowledge that passes and restrictions may not be loaned or transferred; the permit and privileges associated with it are not transferable and will be lifted, if presented by any other person than one to whom it is issued. We will consider your application for registration as acceptance of the above items. The signature of parent, or guardian or adult participant indicates acceptance of liability indemnification.
5. I understand the Elk Creek Recreation & Leisure Board will not tolerate behavior that infringes on the safety of any participant. Participant shall not intimidate, harass, or bully another participant through words or actions. Any participants who display this behavior may be removed from the program without refund.
6. I understand the refund policy is to provide refunds only in the event the program is cancelled or changed by the Elk Creek Recreation and Leisure Board, or if a medical excuse is presented at the beginning of the program. There will be no refunds due to inclement weather. Refunds cannot be given as credit towards a future program.
7. In addition, I understand the Elk Creek Recreation & Leisure Board reserves the right to photograph facilities, activities and program participants for potential future use. Participants agree to be photographed and their image may be used in printed or electronic materials for the purpose of promoting the Elk Creek Recreation & Leisure Board programs or for any purposes relating to the Elk Creek Recreation & Leisure Board. All photos will remain the property of the Elk Creek Recreation & Leisure Board.

IF YOU HAVE READ AND AGREE TO THE WAIVER AND RELEASE OF LIABILITY, FILL OUT THE REGISTRATION FORM COMPLETELY, MAIL-IN REGISTRATIONS ARE ACCEPTED WHEN NOTED NEXT TO PROGRAM.

**Make check or money order payable to: ERCB - PO Box 95 - Girard PA 16417**  
If you have any questions, please call 814-969-6853 –leave your name, number and reason for call  
Or email at [elkcreekrec@gmail.com](mailto:elkcreekrec@gmail.com)

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**REGISTRATION AND WAIVER FORM – REC BOARD PROGRAMS**

PROGRAM: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_  
PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_  
MEDICAL CONCERNS: \_\_\_\_\_ .GENDER (CIRCLE ONE): M F  
EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_  
RESIDENT (CIRCLE ONE):      LAKE CITY              GIRARD TWP              GIRARD BORO              OTHER

**I HAVE READ AND UNDERSTAND THE WAIVER:**

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PROGRAM COST: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK#: \_\_\_\_\_

**T-SHIRT SIZE (IF APPLICABLE TO PROGRAM) CIRCLE ONE:**

XS (2-4)   SM(6-8)   MED(10-12)   LG(14-16)   ADULT S   ADULT M   ADULT L   ADULT XL