

**LIABILITY WAIVER
WORKING TOGETHER PA Inc.**

Participant's Name: _____

Emergency contact name _____

Emergency Phone Number: _____

Location of Event: **2488 Sanatoga Road, Pottstown, PA 19464**

Date of Event:

Or rescheduled weather date

Description of event and activities involved: **Adventure-Based Program consisting of: Low and High Ropes Activities, and Associated Experiential Initiatives.**

I, _____ (guardian's name if participant is a minor), hereby acknowledge and request that the above participant will be taking part in the aforementioned described activity sponsored by **Working Together PA Inc., Team-Up Adventures, or Neill Edwards personally**, of 2488 Sanatoga Road, Pottstown, PA.

It is understood that the above-described activity will be physical in nature and as with all physical activities, there exists certain risks and possibility of injury. I hereby grant the authority for the staff of **Working Together PA Inc., Team-Up Adventures, or Neill Edwards personally**, to render medical care (within their standards of care) if necessary, to transport and secure medical care of myself in the event that medical attention is needed. The participant and their parent(s)/legal guardian(s) certify that the participant has no physical or mental condition that precludes them from participating in activity without reasonable adaptation and that they are not participating against medical advice.

Furthermore, I do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred: (1) Working Together PA Inc. staff members, employees, or their estates, (2) Team-Up Adventures staff members, employees, or their estates and (3) Neill Edwards' staff members, employees, or their estates. The participant and their parent(s)/legal guardian(s) understand that the participant is obligated to follow the rules of the activities and that they can minimize their risk of injury by doing so and also through the use of common sense and by being aware of their surroundings. I also waive, release and forever discharge any and all rights and claims for damages, which we have or which may hereafter accrue to us arising out of these incidents.

I, the undersigned, have read, understood and agree to the above.

**Signature of
Guardian:** _____

(or Participant if 18 or older)

Date: _____