



Oxford Travel Program Participant Consent Form

Trip Participants: Please sign this form and return to Oxford Township Parks & Recreation

The undersigned assumes all responsibility for himself / herself while involved with the Oxford Township Parks & Recreation (herein noted as OTPR) Travel Program with respect to any actions taken in pursuance of any or all such involved activities. Moreover, it is agreed that OTPR, its employees, volunteers and respective agents shall not be liable or responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant. In the event of any injury, permission is hereby given to OTPR, its employees, volunteers or respective agents to seek available medical assistance while participating in OTPR Travel program, I agree that OTPR agents or associated trip leaders may be informed of medical conditions if I seek medical treatment while engaged in this program.

The participant represents that he/she is in good physical and mental condition and able to participate in the program, and that he/she shall be responsible for his/her own health. The participant accepts full risk and knowledge that some activities require the assistance of unscreened volunteer supervisors.

I further acknowledge that OTPR cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others. I acknowledge that I must comply with all set procedures to reduce the spread while participating in the program.

I hereby release and agree to hold OTPR harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of OTPR. I understand that this release discharges OTPR from any liability or claim that I, my heirs, or any personal representatives may have against OTPR with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation with the OTPR Travel Program.

The participant agrees that photos may be taken of trip participants and used in educational/marketing opportunities by OTPR.

Participant's Name – Please Print _____

Participant's Signature _____ Date _____