

## LIABILITY RELEASE FORM

### UPPER MERION AREA SCHOOL DISTRICT

WHEREAS, the Upper Merion Area School District (hereinafter referred to as the "District") have an interest in, or are owner in certain real estate known as \_\_\_\_\_ situated in Upper Merion Township or Bridgeport Borough, Montgomery County, Pennsylvania and WHEREAS the undersigned desires permission to use or rent the facilities for a specific period of time as listed below or as listed on a District Permit for Facilities Use Form or similar.

WHEREAS, the said District as a condition prerequisite to the granting of such permission requires that the undersigned, as an individual and/or as representative of the below named group shall assume the responsibilities provided for herein.

NOW, THEREFORE the undersigned agrees to be responsible for and hereby relieves the District and its servants, agents, and employees of said District from any and all liability by reason of any injury, or damage to any person or property in the same premises, whether such injury or damage is caused by or is a result from the negligence of the District, it's members, officers, employees, servants or agents or any person or persons whatsoever.

The undersigned agrees to be responsible for an to relieve the District and its servants, agents and employees from all liability by reason of any injury or damage to any person, place or thing which may arise from or be due to the use, misuse, abuse or all or any part of the premises, permission to use which may be granted to the undersigned or to its servants, employees, agents, vendors or invitees of the undersigned, whether such injury or damage may be caused by or result from the negligence of the District or its directors, members, officers, employees, servants or agents by any person or persons whatsoever.

BY WITNESS THEREOF, the undersigned party (parties) have executed these documents and intend to be legally bound hereby.

Facility Information: \_\_\_\_\_

\_\_\_\_\_  
Outside Organization or Group Name

DATE: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Representative

UPPER MERION AREA SCHOOL DISTRICT:

By: \_\_\_\_\_  
Witness/Employee Representative of UMASD

UPPER MERION AREA SCHOOL DISTRICT  
435 CROSSFIELD ROAD  
KING OF PRUSSIA, PA 19406  
(610) 205-6400

