



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854

TOWNSHIP OF PISCATAWAY

LEGAL RELEASE FORM 2017

I understand that I am participating in all activities and trips at my own risk. I acknowledge that I am aware that the Center strongly recommends that I consult a physician before participating in a new physical activity that is of a more rigorous nature than I am accustomed to, or a trip, which will require walking short, moderate or long distances, ascending and descending stairs, use of ramps, escalators and elevators.

I hereby release Piscataway Township, The Department of Aging, The Piscataway Senior Center and their officials, directors, employees and agents from any liability or claims for personal injury, death or property damage arising out or in way connected to my participating in the Piscataway Senior Center activity or trip.

Signature: _____ Date: _____

Print Name: _____

Address: _____

E-mail Address: _____

Date of Birth: _____ Phone Number: _____