ALLOWAY TOWNSHIP CLEAN COMMUNITIES RELEASE LIABILITY FORM

Alloway Township

Clean Communities Program

Organization:_____ Leader's Name:_____

The below Program Participants agree not to hold Alloway Township, its officers, agents, or employees responsible for any injuries that they may suffer or damages they may cause or suffer as a result of participating in the Clean Communities Program.

Name of Program Participant:	Signature of Parent/Guardian: (if under 18 years of age)