



# Lancaster County Youth Intervention Center



## Liability Release Form

WHEREAS the undersigned has requested permission from Lancaster County Youth Intervention Center to enter areas of County of Lancaster property not open to the general public in order to utilize the facility's indoor Gymnasium Area for the purposes of recreational activities, unrelated to the individual's duties as a County of Lancaster employee.

AND WHEREAS the undersigned is aware that by entering areas of Youth Intervention Center not open to the general public, that they subject themselves to possible bodily injury and life threatening situations that may result from the actions and activities of certain Youth Intervention Center residents; in that it is impossible at all times and places to see that the undersigned is sufficiently protected by employees of Youth Intervention Center from potentially dangerous actions and activities of such residents;

AND WHEREAS the undersigned recognizes that the Youth Intervention Center houses, at all times, some potentially dangerous residents;

NOW, THEREFORE for and in consideration of the permission granted to me by the County of Lancaster to enter areas of Youth Intervention Center not open to the general public in order to utilize the facility's indoor Gymnasium Area for the purposes of recreational activities, unrelated to the individual's duties as a County of Lancaster employee, I hereby release Lancaster County Youth Intervention Center, Lancaster, Pennsylvania, and their agents and employees of and from any and all claims, causes of actions, damages or demands that may arise from any bodily injury to my person inflicted by a resident at the Youth Intervention Center while I am present in areas of the Youth Intervention Center not open to the general public.

I have read and I understand the terms of this release and I sign it voluntarily and with full knowledge of its significance and legal meaning and effect.

Name: \_\_\_\_\_  
*(Please Print Full Name)*

Signature: \_\_\_\_\_  
*(If under 18 must be signed by parent of legal guardian)*

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_