

**THIS IS A LEGAL DOCUMENT. PLEASE READ BEFORE SIGNING.
RELEASE OF LIABILITY**

In consideration for the use of the State's wheelchair while at Radnor Lake State Natural Area, I agree to release and discharge the State, its employees, volunteers, and agents hereinafter referred to as "Releasees", from liability for any injuries or damage resulting from my use of the wheelchair.

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that I am voluntarily using the wheelchair to participate in a recreational activity at no cost. There are certain known and unanticipated risks that could result in injury, death, or property damage to myself or to other third parties resulting from the use of the wheelchair. I understand and expressly acknowledge that these risks may result in personal claims against Releasees or claims against me by other third parties. Among these risks are the following:

The rough terrain may cause the wheelchair to overturn. There is the risk of an accident on the narrow roads running through the natural area resulting from occasional traffic. There is the risk of mechanical failure. I understand and acknowledge that the above list is not complete and that other risks, may also result in personal injury or damage to property. I expressly understand and accept all of the risks involved with the use of the wheelchair.

RELEASE

I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE RELEASEES FROM ANY AND ALL LIABILITY WHICH MAY BE RELATED TO OR ARISE OUT OF MY USE OF THE WHEELCHAIR DESCRIBED ABOVE.

I FURTHER AGREE TO HOLD HARMLESS AND INDEMNIFY RELEASEES FOR ANY SUCH INJURY, DEATH, PROPERTY DAMAGE OR EXPENSES ARISING FROM OR CONNECTED WITH MY USE OF THE WHEELCHAIR. I FURTHER AGREE NOT TO SUE OR OTHERWISE MAINTAIN ANY CLAIM AGAINST RELEASEES FOR ANY INJURY, DEATH, OR DAMAGE TO MYSELF OR MY PROPERTY, ARISING FROM OR CONNECTED WITH USE OF THE WHEELCHAIR.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THESE ACTIVITIES, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST RELEASEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.

I understand that this is the entire Agreement between Myself and Releasees and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of Releasees, or by me.

My signature below indicates that I HAVE READ THE ENTIRE DOCUMENT, THAT I UNDERSTAND IT COMPLETELY and agree to be bound by its terms.

SIGNATURE: _____

DATE: _____