

**LANCASTER TOWNSHIP BOARD OF SUPERVISORS**  
1240 MAPLE AVENUE - LANCASTER, PENNSYLVANIA 17603  
TELEPHONE (717) 291-1213  
FAX (717) 291-6818

**INSURANCE WAIVER RELEASE**

I, \_\_\_\_\_, the undersigned representative of

\_\_\_\_\_,  
am providing Lancaster Township with this completed Insurance Waiver Release form as  
assurance that Lancaster Township is released from any and all liabilities connected with this  
event named \_\_\_\_\_,  
which will begin on \_\_\_\_\_  
and end on \_\_\_\_\_.

Insurance coverage for this event, which covers all parties involved, is provided by

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date