



YORK ART ASSOCIATION, INC.
220 South Marshall Street York, PA 17402

Class / Field Trip Waiver of Liability / Hold Harmless Agreement

I, the undersigned participant, am requesting participation in the York Art Association's

Class / Trip Name: **Brandywine Museum of Art Bus Trip**

That begins on **June 28, 2023**, all of which hereinafter referred to as the activity.

In consideration of my participation in the **Brandywine Museum of Art Bus Trip**, I hereby waive all claims or causes of action against the York Art Association, and York Art Association's Board of Directors, employees and agents of all of them, all of which are collectively hereinafter referred to as YAA, arising out of my participation in the outdoor class and hereby release, hold harmless, and discharge YAA from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers are listed below. I understand this list is not exhaustive. Common risks include: travel to and from home and activity meeting location, theft, car accident, pedestrian accident, tripping, slipping, falling, etc.

In addition, I have been advised that my personal automobile and/or medical insurance will be responsible for any coverage payment if accident or injury occurs.

I have read this waiver/release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that the right to legal recourse against YAA is, knowingly, given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assignees.

YAA - Brandywine Museum of Art Bus Trip - Wednesday June 28, 2023

Return this form to YAA's office alongside the registration and check.

Name: _____ Phone #: _____

Address: _____

Emergency Contact Name: _____ Phone # _____

Signature: _____