GENERAL RELEASE OF LIABILITY (WAIVER)

THE PARTIES. This General Release of Liability ("Release") made on the undersigned date below is by and between

Releasor:_____ with a mailing address of

_____("Releasor") hereby releases:

Releasee: The Sylvania Foundation with a mailing address of 317 Mack Rd West Sunbury PA 16061("Releasee") under the following terms and conditions:

RELEASE OF LIABILITY. Under the terms of this Release and sufficiency of which is hereby acknowledged, the Releasor hereby releases and forever discharges the Releasee for the following activities: Use of property, facilities, and amenities.

RELEASE. Therefore, under the terms of this Agreement and sufficiency of which is herby acknowledged, do herby release and forever discharge the Releasee, including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any claims, demands,damages, actions, causes of action or suits of any kind or nature whatsoever, which now have or may hereafter have, arising out of or in any way relating to any injuries and damages of any and every kind, both person and property and also any injuries and damages that may develop in the future, as a result of or in any way relating to the liability. It is understood and agreed that this release is made and received in complete settlement and satisfaction of the causes of action, claims, and demands mentioned herein; that this Release contains the entire agreement between the Releasor and Releasee; and that the terms of this Release are contractual and not merely a recital. This Release shall be binding upon the undersigned and their respective heirs, executors, administrators, personal representatives, successors, and assigns.

RELEASOR'S SIGNATURE:_____DATE_____.

RELEASEE'S SIGNATURE:_____DATE_____.