



Accident Waiver, Release of Liability and Indemnity/Hold Harmless Agreement

Last Name:(Adult) _____ First Name: _____

Gender: _____ Date of Birth: __/__/__

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Family Members

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Liability Release: I understand and agree that the City of Port Huron, a Michigan Municipal Corporation, and their employees, assume no responsibility for any injury or property damage or loss that might be suffered during the activity or program indicated above by the participant and that the participant and assumes the risk for personal injury or loss or damage to property in any way related to my participation in said activity. I acknowledge that this Release of Liability form will be used by the Member and the activity holders, sponsors and organizers and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: the Member, its elected and appointed officials, employees and volunteers, and representatives and agents, and other working or acting in behalf of the Member, and to the extent permitted by law. (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participant in this event.

I hereby certify that I have read this document and understand and agree to its content.

PRINTED NAME OF PARTICIPANT, LEGAL GUARDIAN OR LEGAL CUSTODIAN

SIGNATURE OF PARTICIPANT, LEGAL GUARDIAN OR LEGAL CUSTODIAN

DATE

