

RELEASE, WAIVER, PERMISSIONS AND MEDICAL FORM



Complete form by: July 28, 2017 Return to: Ypsilanti Senior Center

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is executed on this 4 day of August, 2017 by _____ (the "Participant") prior to the Participant's participation in the Summer Fun activity (the "Activity") held at a venue of the Huron-Clinton Metroparks ("HCMA"). This agreement remains in effect from the day of signature for one full year.

Rules and procedures have been established to help make the Activity as safe as possible; however, HCMA does not claim that such rules and procedures are sufficient in any way to protect the Participant or his/her property from damage, injury, illness, or death. Everyone attending this event is participating at their own risk.

In consideration of being permitted to participate in the Activity, the Participant understands and does hereby freely, voluntarily and without duress execute this Release and Waiver and agrees:

1. To release, indemnify and hold harmless HCMA and its employees, directors, officers, and agents from all claims, demands, liabilities, damages, charges, fees, fines, penalties, losses, suits, proceedings, actions, costs and expenses (including attorney fees and court costs) that the participant may now or hereafter have against them resulting from or arising out of my participation in the Activity. This release applies not only to the participant but also to my heirs and assigns.
2. To assume all of the risks, including property damage, injury, illness or death and agree to follow the safety code, rules and regulations of HCMA and its employees. Participant recognizes and understands that participation in the Activity involves inherently dangerous activities and chooses to willfully assume those risks.
3. To consent to the provision of emergency first aid or medical treatment if necessary. The release contained in Section 1 of this document includes any and all claims I may have arising from the provision of such treatment.
4. That HCMA, and its employees, directors, officers, and agents are not responsible for the actions or omissions, whether intentional or negligent, of other participants or visitors of the HCMA.
5. That this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PERMISSION FORM AND MEDICAL INFORMATION

Participant has permission to participate in the Huron-Clinton Metroparks Summer Fun program (the "Activity"). While safety is of the utmost concern, I do understand that there are certain risks associated with the Activity. In conjunction with this Permission Form, I agree to execute the Huron-Clinton Metroparks Waiver and Release on behalf of my child. I also assume responsibility for any malicious destruction of property and equipment damaged by my child.

PHOTOGRAPHY/VIDEO RELEASE

I, hereby authorize and grant to the Huron-Clinton Metropolitan Authority, a Michigan public body corporate ("Metroparks") the perpetual right to use and publish photographs or video taken of me, and my name and likeness for use in Metroparks printed publications, advertisements and/or website. I acknowledge that since my participation in Metroparks publications, advertisements and/or website is voluntary, I will receive and have not received financial compensation.

I further agree that my participation in any publication, advertisement and website produced by the Metroparks or the Metroparks' employees, volunteers or agents confers upon me no rights of ownership whatsoever. I release the Metroparks, its employees, volunteers or agents from any and all liability for claims by me or any third party in connection with my participation.

Participant Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Agree to photography/video release? Yes No

Does the participant have any asthma/allergies (including food related)? Yes No

If yes, to what? _____

Any special concerns? _____

IN CASE OF AN EMERGENCY CALL:

Name: _____

Relation: _____

Preferred Contact Number: _____

Secondary Contact Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Medical Insurance Provider: _____

Person(s) authorized to pick up child: _____

Participants signature: _____

Date: _____

IF THE PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST SIGN THIS RELEASE AND WAIVER, AND BY DOING SO, EXPLICITLY AND IRREVOCABLY CONSENTS TO THE TERMS HEREOF.

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Relationship to Participant: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____