



ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Participant's Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email Address _____

I represent to West Bloomfield Parks and Recreation Commission that I am physically fit, and that I am not aware of any physical or mental restrictions that would prevent me from safely participating in any West Bloomfield Parks and Recreation activities.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I acknowledge that this Accident Waiver and Release of Liability form will be used by West Bloomfield Parks and Recreation Commission and the Charter Township of West Bloomfield and event holders, sponsors, and organizers and that it will govern my actions and responsibilities at West Bloomfield Parks and Recreation Commission activities.

In consideration of my participation in West Bloomfield Parks and Recreation Commission activities, I hereby take action for myself, my executor personal representative, 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 these activities, the following entities or persons: West Bloomfield Parks and Recreation Commission and the Charter Township of West Bloomfield, its elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting in behalf of West Bloomfield Parks and Recreation Commission and the Charter Township of West Bloomfield; 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 participation in West Bloomfield Parks and Recreation Commission activities.

I hereby consent to receive medical treatment, which may be deemed appropriate in the event of injury, accident, and/or illness during West Bloomfield Parks and Recreation activities.

In consideration of participation in West Bloomfield Parks and Recreation activities, I agree that my likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize on behalf of West Bloomfield Parks and Recreation Commission.

I hereby consent to receive approximately one weekly e-mail from West Bloomfield Parks and Recreation Commission and recognize that an unsubscribe option will be included in these e-mails.

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

Date _____ Signature _____

If the participant is a minor, please complete the following:

The undersigned parent and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless, and indemnify West Bloomfield Parks and Recreation Commission, the Charter Township of West Bloomfield, their elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by West Bloomfield Parks and Recreation Commission and the Charter Township of West Bloomfield because of the participation of the minor in West Bloomfield Parks and Recreation Commission activities. By signing below, you also agree to release said parties in this regard on behalf of both the minor and the parents or legal guardian.

In consideration of participation in West Bloomfield Parks and Recreation activities, I agree that the child's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize on behalf of West Bloomfield Parks and Recreation Commission.

Relationship to Minor _____ Signature _____

Print Name _____