

VOLUNTEER ACTIVITY WAIVER

VOLUNTEER'S NAME: _____

DATE OF BIRTH: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NATURE OF ACTIVITY: _____

In consideration of my desire to be a Volunteer and engage in the Activity, I, on behalf of myself or my child if my child is under age 18, and on behalf of my or my child's heirs, executors, trustees, administrators, and assigns, execute this Volunteer Activity Waiver freely and voluntarily, with the intent to be legally bound by its provisions after having read those provisions.

I understand that there are certain hazards and dangers associated with the Activity, which result in a risk of damage and injury to my person and my property resulting from my participation in the Activity. I assume all responsibility for these risks and hereby agree to waive, defend, indemnify, release, and not to sue Conway Township, a Michigan municipal corporation, and all of its elected and appointed officials, employees, representatives, volunteers, agents, committee members, successors, and assigns ("Released Party") from any and all liability and/or claims for injury or death to persons or damage to property arising from my participation in the Activity, including but not limited to those injuries and damages caused by any Released Party's alleged or actual negligence or breach of any express or implied warranty. I agree to pay all costs and attorney fees incurred by any Released Party in defending a claim or suit brought by me or on my or my child's behalf, or brought as a result of my participation in the Activity as a Volunteer.

I represent that myself or my child is in good health and capable of performing the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for myself or my child as a Volunteer which may be necessary and agree to be fully responsible for any associated costs. I hereby grant my consent and permission to Conway Township to use my name, photograph, videotape, motion picture recording, voice or likeness for any Township purpose including publicity.

(VOLUNTEER SIGNATURE) **DATE:** _____

(PARENT SIGNATURE, on behalf of Volunteer under age 18) **DATE:** _____

