

Charter Township of Oakland Parks and Recreation
4393 Collins Road, Rochester, MI 48306
Phone Number: 248-651-7810 - Fax: 248-601-0106
www.oaklandtownship.org

Program Name: _____
Program Date: _____
Twp. Park: _____

**RELEASE OF LIABILITY BY PARTICIPANTS
AND
PERMISSION TO PUBLISH PHOTOGRAPH**

Liability Waiver For Participant: As a participant (or as a parent of a participant under 18 years of age) in the above Oakland Township Parks & Recreation program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected with or associated with the program. I do hereby fully release and discharge the Charter Township of Oakland, Oakland Township Parks & Recreation Commission, their officers, agents, volunteers, sponsors and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Charter Township of Oakland, Oakland Township Parks & Recreation Commission, their officers, agents, volunteers, sponsors and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with this program.

I authorize the use photographs showing my image in any of their printed documents and on their website.

Medical Care. Please check one of the following boxes:

- I am willing to allow my child to receive First Aid treatment, and if necessary, further medical attention that may include transportation to a local medical facility. I understand that, if possible, I will be contacted if additional medical care is needed.
- I am willing to allow my child to receive First Aid Treatment, but I do not want my child to receive additional medical attention, including transportation to a local medical facility. If advanced medical care is necessary, please follow these instructions:

_____.

Signature of participant (Parent's signature if minor) *Date*

Print Name (include name of minor, if any)

Address *Phone*

E-mail

Emergency Contact and Phone Number