

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Participant's Name		Participant's Phone Number	
Participant's Address	City	State	ZIP Code
Participant's Affiliation Michigan State Police (MSP) MSP Family Member State of Michigan Employee Public Student Other If other, please identify.			
Program or Event Name			
<p>In consideration for my desire to participate, and/or allow my minor child to participate in the program or event described above, I agree to assume all risk and responsibility for any and all injury, property damage, or death that I or my child may sustain as a result of participation.</p> <p>I agree to indemnify, defend, hold harmless, and release the State of Michigan, any government/private entities, including their personnel, agents, employees, or successors and any participating treatment facility from any and all liability, including, but not limited to, any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage, or death that may arise as a result of participation.</p> <p>I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns do hereby release, waive discharge, and covenant not to sue the Michigan State Police, its directors, employees, agents, and volunteers for any and all liability, including, but not limited to, any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees) arising from any injury, property damage, or death that may arise as a result of participation.</p> <p>Further, I agree that this waiver of liability, assumption of risk, and indemnity agreement is intended to be construed as broadly and inclusive as permitted by the State of Michigan and federal law. If any provision of this waiver of liability, assumption of risk, and indemnity agreement is or becomes illegal, otherwise invalid, or unenforceable, such provision shall be excluded to the extent of such invalidity or unenforceability and all other provisions shall remain in full force and effect.</p> <p>I and/or my child currently have no known mental or physical conditions that would prevent safe participation in the program or event.</p> <p>I have carefully read this waiver of liability, assumption of risk, and indemnity agreement and I understand its contents, and choose to sign it of my own free will and not under duress on behalf of myself and/or my minor child.</p>			
Signature (Parent or legal guardian must sign if participant is younger than 18 years old)			
Signature	Printed Name		Date