CITY OF ST. CLAIR SNOW REMOVAL VOLUNTEER PROGRAM WAIVER

I, _____, acknowledge and understand that as a participant in the City of St. Clair Snow Removal Volunteer Program ("the Program") that the activities in which I participate may expose me to risk of severe physical and/or emotional injuries and/or death. With full knowledge of this risk, I nonetheless request that I be permitted to participate in the Program. I further agree to follow any and all instructions and/or orders given to me by any employees of the City of St. Clair as they relate to my participation in the Program.

In consideration for allowing me to participate in the Program, I, for myself and for my agents, representatives, heirs, and assigns, do hereby agree to defend, indemnify, and hold harmless, and further hereby do demise, release and forever discharge the City of St. Clair, including its officials, officers, employees, agents, representatives and successors (hereinafter "the City of St. Clair") from and against any and all liabilities, losses, personal injury claims, wrongful death claims, property damage, lawsuits, judgments, damages, costs, expenses, legal fees, and controversies of any kind at law and in equity, which may be asserted against the City of St. Clair which arise out of, or in any way are associated, directly or indirectly, to my association with the Program.

THE UNDERSIGNED HEREBY WAIVES ALL CAUSES OF ACTION, DAMAGES, CLAIMS, AND DEMANDS, AND FOREVER DISCHARGES THE CITY OF ST. CLAIR FROM ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, AND CONTROVERSIES, INCLUDING THE COST OF ATTORNEY FEES, WHICH MAY ARISE OUT OF AND/OR UNDER, OR ARE ASSOCIATED IN ANY WAY, DIRECTLY, OR INDIRECTLY, TO THE UNDERSIGNED'S PARTICIPATION IN THE PROGRAM, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE CITY OF ST. CLAIR.

I ACKNOWLEDGE THAT I HAVE CAREFULLY AND FULLY REVIEWED THIS AGREEMENT AND UNDERSTAND AND ACCEPT ITS TERMS AND CONDITIONS. I ACCEPT AND AGREE THAT ITS EXECUTION IS REQUIRED ONLY ONCE, AND THEREAFTER IT SHALL CONSTITUTE A PERMANENT AND IRREVOCABLE WAIVER. I ACKNOWLEDGE AND VERIFY THAT I SIGN THIS AGREEMENT VOLUNTARILY, FREE FROM DURESS AND UNDUE INFLUENCE.

Signature of Participant: _____

Printed Name of Participant: _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

STATE OF MICHIGAN

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COUNTY OF ST. CLAIR

On this _____ day of _____, 20_____, _____
(Name of Participant)
appeared before me and acknowledged that he/she had read the forgoing Waiver, understood it and agreed to be bound by it, and executed it of his/her own free will.

_____
, Notary Public
St. Clair County, State of Michigan
My Commission Expires:_____