

WAIVER AND RELEASE OF LIABILITY

Activity:	Date:	Page of
------------------	--------------	-------------------

In consideration of the risk of injury while participating in the Activity, and as consideration for the right to participate in the Activity, I hereby, for myself or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Michigan Audubon, their chapters, affiliates, members, directors, staff, volunteers, representatives, predecessors, or successors, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economic or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I agree to indemnify and hold harmless Michigan Audubon and its chapters against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf.

I acknowledge that Michigan Audubon and its directors, chapters, volunteers, representatives, and staff are not responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Michigan Audubon and its chapters.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Michigan Audubon, its chapters, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I, the undersigned participant, affirm that I am of the age of 18 years or older and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Name	Signature	Email Address	Emergency Phone Number

*If a minor is part of Activity, the minor’s guardian must sign on the minor’s behalf.

