WAIVER

I agree that I have disclosed to The City of Charlevoix any restrictions or conditions that may hinder participation in the programs and activities. If I cannot be reached in an emergency, I give my permission to the physician selected by the City of Charlevoix representative to hospitalize, treat/secure proper treatment for, and order injections, anesthesia, or surgery for myself or my child.

As a condition to being permitted to utilize the facilities, services, and programs of the City of Charlevoix for any purpose, including but not limited to observation or use of the facilities and grounds, or equipment, or participation in any off-site program affiliated with the City of Charlevoix, I understand, acknowledge, agree, and represent that I have carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in City of Charlevoix activities, on my behalf and that of my children, I waive and release any claims or loss of injury incurred or suffered which I or my children might make against the City of Charlevoix, its sponsors, officers, employees, volunteers, or contractors as a result of participating in City of Charlevoix activities or using its facilities. I further agree to indemnify the City of Charlevoix against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children.

I understand that the City of Charlevoix is not responsible for personal property lost, damaged, or stolen, while program participants are using the City of Charlevoix facilities, on City of Charlevoix premises, or involved in City of Charlevoix programs.

I give my permission to the City of Charlevoix to use without limitation or obligation, photographs, film footage, or recordings, which may include me or my children's image or voice for the purpose of promotion or interpreting City of Charlevoix programs.

Signature: _____ Date: _____

Print Name: _____