



DISABILITY SERVICES RESOURCE CENTER

1820 N. Trumbull Drive, Bay City, MI 48708-5444

dsrcbc@gmail.com

www.dsrbcbc.org

PHONE: 989-895-5444

FAX: 989-895-3917

INSURANCE WAIVER and RELEASE of LIABILITY

In consideration of being allowed to participate in any way in Disability Services Resource Center (hereinafter known as DSRC) programs, related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise DSRC of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my actions, inactions or negligence of others, or the condition of the premises of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the forgoing risks and accept personal responsibility for the damages following such injury permanent disability, or death.
4. Release, waive, discharge and covenant not to sue DSRC, its affiliations, representatives, administrators, directors, agents, coaches, and/or employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lesers of premises used to conduct the event, all of which are (hereinafter referred to as releasees) from demands, losses or damage on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. Give permission to use any photographs, videotapes or films, or mention of me in a story or article publicity and/or promotion.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP THE SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY. I/WE UNDERSTAND THAT THE ABOVE APPLIES NOT ONLY TO THE EVENT OR PROGRAM, BUT ALSO TO INSTRUCTION AND LOANING OF DISABILITY SERVICES RESOURCE CENTER EQUIPMENT.

PARTICIPANT'S SIGNATURE

PRINT PARTICIPANT'S NAME

ADDRESS: _____

CITY & ZIP: _____

DATE: _____ PHONE: _____

BIRTHDATE: _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree his/her release as provided above of the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

1st Parent's Signature

Printed Name, Emergency Phone, and Date

2nd Parent's Signature

Printed Name, Emergency Phone, and Date

Note: If 2nd parent/guardian signature is not possible, 1st parent certifies that the 2nd parent or guardian has authorized participant to pursue this activity and 2nd parent/guardian agrees to all items above.