



RELEASE OF CLAIMS WAIVER FORM

I fully understand that by signing this liability disclaimer, I, on behalf of myself and my agents, heirs and next of kin, assume all risks and hazards incidental to my participation in this activity, including transportation to and from these activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, collectively, and individually, the City of Battle Creek, and Calhoun County from any claim arising from sickness, injury or death to me or my property except if caused by their gross negligence or willful and wanton misconduct.

I agree that if the City of Battle Creek, and Calhoun County are sued by anyone else because of claimed conduct of myself, I will indemnify the City of Battle Creek, the City of Springfield, and Calhoun County for all damages and costs, including attorney's fees.

I HAVE READ AND UNDERSTAND THE AGREEMENT:

Name of Volunteer: _____

Signature of Volunteer: _____

Signature of parent/guardian if minor: _____

Names of minor/s: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Phone: _____

Month/Date/Year ____/____/____

| | | | | | |
|---|---------------------------|-------------------|--------------------------|--------------------|-------------|
| Event volunteering for (Circle One): | | | | | |
| Styrofoam Recycle | Children's Water Festival | Scrap Tire Recycl | Elect./Styrofoam Recycle | Earth Day Clean-up | Golf Outing |

If you are affiliated with a group, what is the group name? _____

How did you hear about this event? (Please check all that apply.)

- Facebook
- Wall Calendar
- Radio
- Flyer
- Other _____
- Water Bill Inserts
- Website
- Word of mouth
- Newspaper

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Phone: _____