

## **WAIVER & RELEASE OF LIABILITY**

In consideration of the risk of liability in participating in any activity at the Tip Up Town USA SXS Oval Ice Races (the "activity", and as consideration for the right to participate in the activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release liability and hereby waive any and all rights, claims or causes of action of any kind what so ever arising out of my participation in the activity, and do hereby release and forever discharge the Houghton Lake Chamber of commerce located at 1625 W Houghton Lake Dr, Houghton Lake, MI 48629 as well as I'd Brap That, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns for any physical or psychological injury including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from the related activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFORMENTIONED ACTIVITY AND I AM PARTICIPTING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO , PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT (INCLUDING PARALYSIS), ECONOMICAL OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UN KNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless the Houghton Lake Chamber of Commerce, Tip Up Town USA, or I'd Brap That against any and all damage and claims, suits or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else actin on my behalf. If the Houghton Lake Chamber of Commerce, Tip Up Town USA, or I'd Brap That incurs any of these types of expenses, I agree to reimburse the Houghton Lake Chamber of Commerce, Tip Up Town USA, or I'd Brap That.

I acknowledge that the Houghton Lake Chamber of Commerce & I'd Brap That and their directors, officers, volunteers, representatives and agents 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 the Houghton Lake Chamber of Commerce, Tip Up Town USA, or I'd Brap That .

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSONS PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.**

The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE HOUGHTON LAKE CHAMNER OF COMMERCE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENATIVES, PREDECESSORS , SUCCESSOR AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AIND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING LEGAL ACTION AGAINST THE HOUGHTON LAKE CHAMBER OF COMMERCE FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Houghton Lake Chamber of Commerce, Tip Up Town USA, or I'd Brap That, 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.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

The agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength, Both the participant, \_\_\_\_\_, and the Houghton Lake Chamber of Commerce, Tip Up Town USA, & I'd Brap That that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained in this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, constructed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

<u>Emergency Contact</u>	<u>Contact Relationship</u>	<u>Contact Telephone-</u>
_____	_____	_____
_____	_____	_____

I, the undersigned participant, affirm that I am of the age 18 years or older, and that I am freely signing the agreement. I certify that I have read the 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 contract.

**Participant's Name:** \_\_\_\_\_

**Participant's Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN WAIVER FOR Minors** in the event that the participant is under the age of consent (18 years of age), then this release must **be signed by a parent or guardian as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_