



MINOR

(Subsidiary of the Detroit Metro Convention & Visitors Bureau)

**VOLUNTEER WAIVER OF LIABILITY AND INDEMNIFICATION FOR MINORS
(for all volunteers under 18 yrs of age)**

In consideration to participate as a volunteer for Detroit Metro Sports Commission (DMSC) or Detroit Metro Convention & Visitors Bureau (DMCVB) events, please complete the following information below:

Print Clearly

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: _____ Work#: _____ Cell #: _____

E-Mail Address: _____ D.O.B. (MM/DD/YY): _____

Emergency Contact: _____ Relation: _____

Emergency Contact's Phone Number: _____

1. I acknowledge that I desire to perform volunteer services for the Detroit Metro Sports Commission (DMSC) and /or Detroit Metro Convention & Visitors Bureau (DMCVB).
2. I acknowledge, understand and declare that:
 - a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating as a volunteer;
 - b) Participating as a volunteer may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, OR OTHER CONSEQUENCES which might only result from my own actions, inactions or negligence, but also the actions, inactions or negligence of others, or the conditions of the premises or of any equipment used;
 - c) There may be OTHER RISKS NOT known or not reasonably foreseeable.
3. I agree that:
 - a) Prior to participating as a volunteer, I will INSPECT the facilities and equipment to be used and if I believe the same to be unsafe, I will immediately REPORT such conditions to the Detroit Metro Sports Commission at (313) 202-1800 and either DECLINE TO PARTICIPATE OR ASSUME THE RISK of volunteering.

VOLUNTEER WAIVER OF LIABILITY AND INDEMNIFICATION
CONTINUED

- b) I will allow my PHOTOGRAPH, PICTURE OR LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the activities of the DMSC and DMCVB WITHOUT COMPENSATION.
4. I consent to ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel.
5. **RELEASE/IDEMNITY.** As consideration for the opportunity to volunteer for the DMSC and/or DMCVB discussed herein, I, on behalf of myself and my spouse, children, representatives, heirs, successors and assigns, hereby release, discharge and waive any and all claims, demands, actions or liabilities that either I or my spouse, children, representatives, heirs, successors and assigns now have or may hereafter have for injury, damages or other relief of any kind whatsoever resulting from or in any way related to my volunteer work with the DMSC and/or DMCVB. I further agree that neither I nor my spouse, children and representatives heirs, successors and assigns, will make a claim against or sue the DMSC, DMCVB, their respective Board of Directors, employees or agents for any injury, damages or other relief including any and all worker's compensation and/or disability claims however caused, resulting from or in any way related to my volunteer work with DMSC and/or DMCVB. On behalf of myself and my estate, I hereby agree to indemnify, defend and hold harmless the DMSC, DMCVB, their respective Board of Directors, employees, agents, representatives, successors, and assigns, from any claims, demands, actions or liabilities, including attorney's fees and costs, should I or my spouse, children, representatives, heirs, successors, and assigns take any action in violation of provisions of this agreement. I understand that if I drive a vehicle in connection with my volunteer services, I must and will maintain automobile liability insurance with limits of liability consistent with requirements under Michigan law.
6. **KNOWING AND VOLUNTARY EXECUTION.** I HAVE CAREFULLY READ THIS VOLUNTEER AGREEMENT AND RELEASE ALL PARTIES FROM LIABILITY AND FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL. I AM ALSO AWARE THAT THIS IS AN AGREEMENT AND THAT IT IS A BINDING CONTRACT ON ME, MY SPOUSE, CHILDREN, REPRESENTATIVES, HEIRS, SUCCESSORS AND ASSIGNS AND THAT IT IS ENFORCEABLE BY THE DMSC AND/OR DMCVB.

SIGNATURE OF VOLUNTEER

DATE

PRINT NAME OF VOLUNTEER

DATE



MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF VOLUNTEER ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE DMSC AND/OR DMCVB OF ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT. I FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS THE DMSC AND/OR DMCVB FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

PRINT NAME OF PARENT/GUARDIAN : _____

DATE: _____

FOR MORE INFORMATION CONTACT
Detroit Metro Sports Commission
211 W. Fort St. Ste. 1000
Detroit, Michigan 48226
(313) 202-1800