



**January 20-22, 2012**  
**St. Clair Shores, Michigan**

**ST. CLAIR SHORES DEPARTMENT OF PARKS AND RECREATION**

**WAIVER OF LIABILITY**

**FOR ADULT**

**2000 Stephens Drive  
St. Clair Shores MI 48080  
(586) 445-5350**

***PLEASE PRINT ALL INFORMATION***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ACTIVITY: POND HOCKEY 2012

E-MAIL \_\_\_\_\_

Recognizing the normal risks of recreational activities, I agree to participate at my own risk and to abide by all rules and regulations established by the City of St. Clair Shores Parks and Recreation.

I, individually release the City of Saint Clair Shores, its agents, officers, servants, employees, and all parties involved from any liabilities, claims, damages, and actions whatsoever arising out of or related to any loss, damage, or injury that may be sustained by myself while participating in activities connected with and sponsored in whole or in part by the Department of Parks and Recreation of the City of St. Clair Shores. This also includes a release of responsibility for loss of or damage to personal property.

By this authorization, I give permission to any employee, agent, or professional of the St. Clair Shores Department of Parks and Recreation to have myself examined and treated by a physician and admitted for hospital care if, in their judgment, such an examination, treatment, or hospital care becomes necessary while I am participating.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**DATE**

I WILL \_\_\_ I WILL NOT \_\_\_ ALLOW PICTURES TO BE TAKEN BY PARKS AND RECREATION TO BE USED FOR PUBLIC PURPOSES ONLY.

03/12