

Paint Creek Trailways Commission
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 Phone: (248) 651-9260 Fax (248) 601-0106
 www.paintcreektrail.org
 Email: manager@paintcreektrail.org

Work site: _____

**RELEASE OF LIABILITY BY VOLUNTEERS
 PERMISSION TO PUBLISH PHOTOGRAPH**

Liability Waiver For Participant: As a participant (or as a parent of a participant under 18 years of age) in the Paint Creek Trail Adopt-A-Trail Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected or associated with the program. I do hereby fully release and discharge the Paint Creek Trailways Commission, Friends of the Paint Creek Trail, Charter Townships of Oakland and Orion, Cities of Rochester and Rochester Hills, Village of Lake Orion, their officers, agents, volunteers, sponsors and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Paint Creek Trailways Commission, Friends of the Paint Creek Trail, Charter Townships of Oakland and Orion, Cities of Rochester and Rochester Hills, Village of Lake Orion, their officers, agents, volunteers, sponsors and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with this program. I authorize the Paint Creek Trailways Commission and Friends of the Paint Creek Trail to use photographs showing my image in any of their printed documents and on their websites.

<i>Signature of Volunteer</i> <i>(Parent's signature if minor)</i>	<i>Printed Name</i>	<i>Address, phone, e-mail</i>	<i>Emergency Contact and Phone Number</i>	<i>Date</i>

ACKNOWLEDGEMENT BY PAINT CREEK TRAILWAYS COMMISSION

By signing below I acknowledge that I have thoroughly reviewed this form with the volunteers named above.

SIGNATURE OF REPRESENTATIVE *PRINTED NAME* *DATE*