

CITY OF LESLIE

602 W. Bellevue• P.O. Box 496 • Leslie, MI 49251-0496 Phone: 517-589-8236 • Fax: 517-878-6868 • Web Site: www.cityofleslie.org

RELEASE OF LIABILITY AGREEMENT

THIS IS A RELEASE OF ALL LIABILITY, PLEASE READ CAREFULLY.

representatives hereby assume a whatever causes arising while I activity of picking up trash and of Leslie, its officers, agents and will defend, indemnify and save liability, whether or not arising of the City, its officers, agents and	, for myself, my heirs, and my personal ll risk of personal injury or death and property damage or loss from am on City of Leslie premises and/or while I am engaged in the debris within parks and along various trails. Further, I release City I employees from any liability therefore, directly or indirectly, and harmless the City, its officers, agents and employees from any such out of negligent or willful actions or the failure to act onthe part of employees. The consideration for my agreements herein is my activity identified above. Further, I certify that I am over 18 years of
_	, 20
Signature	Signature
Printed Name	Printed Name
-	he age of 18 years the following section must be completed. , being a parent or legal guardian of:
hereby agree to defend, indemni employees, from any action bro activity identified above. The co	, a child, for myself, my heirs, and my personal representatives, ify, and save harmless City of Leslie, its officers, agents and ught by or on behalf of the above-named child arising out of the onsideration for my agreements herein is the City allowing said DATED thisday of, 20
Parent/Guardian Signature	Printed Name
Return this signed page for each page	rticinant – Complete lower waiver section for anyone under 18 years old