

**VOLUNTEER ACTIVITY WAIVER**

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

DATE OF BIRTH: \_\_\_\_\_

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

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

NATURE OF ACTIVITY: TREE CUTTING AND CLEARING

**WAIVER OF PHYSICAL DAMAGE OR INJURY**

IN CONSIDERATION OF ACCEPTING THIS ACTIVITY THE VOLUNTEER, INTENDED TO BE LEGALLY BOUND FOR THEMSELVES AND THEIR HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS FOR ANY INJURIES AND DAMAGES THEY MAY HAVE AGAINST THE CITY OF BOYNE CITY, ITS OFFICIALS, AND PARK BOARD REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES OR DAMAGES SUFFERED IN THE CONNECTION WITH THE 'RESTORE THE VIEW' TREE CUTTING / CLEARING ACTIVITY AT AVALANCHE MOUNTAIN.

THE VOLUNTEER ATTEST AND VERIFIES THAT THEY ARE PHYSICALLY FIT AND CAPABLE OF SAID ACTIVITY AND THEY UNDERSTAND THAT THIS ACTIVITY COULD BE HAZARDOUS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_