



## WAIVER AND RELEASE FORM

I understand and agree that the City of Detroit Hometown Championship (hereafter known as the “Activity”) in which my child is participating involves strenuous physical activities and should be engaged in only by persons in good health. I further maintain that my child is in good physical condition and able to participate in the Activity. I further understand and agree that my child may decline to participate in any particular part of the Activity which he/she feels is beyond his/her ability.

I hereby agree, for myself and my child and our respective heirs, assigns and legal representatives, to forever release, indemnify, and hold harmless The DAVAS Foundation, the Detroit Recreation Department, the City of Detroit and their affiliated companies, agents, representatives, employees, officers, successors, assignees, directors, board members, sponsors, independent contractors and other participants in the Activity (hereafter known as “The Parties”) from any and all demands, claims and causes of action of any nature, in law or equity, for any and all personal injury or illness, including death, which may occur to my child or which may be aggravated during the course or the Activity in which I have decided to allow my child to engage.

I further waive any and all claims or causes of action which my child may now or hereafter have against The Parties which may at any time arise as a result of any act or thing occurring in or arising out of my child’s participation in the Activity. I understand and agree that medical or other services that are rendered to my child by or at the instance of any of the above parties, are not admission of liability to provide or to continue any such services, and is not a waiver by The Parties/The Partners of any rights hereunder.

I further expressly understand and agree that the foregoing indemnity, release, and waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further give my permission for any photographs or facsimiles taken of my child, me, my relatives, or friends during the Activity can be used for any promotional publicity or advertising purposes and waive any and all claims for payment for such permission. The photographs may be used at the discretion of The Partners and for any duration as determined feasible.

I further give permission (optional) for The DAVAS Foundation to place my email address into their charitable solicitation database for future contact and communication. I understand that their email addresses are kept confidential.

I represent that I am the parent or legal guardian of the child named below. I have read and understand the given information and permit my child to participate and agree to the requested information below.

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Registered Team: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_