

**ZIP-LINE WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDMENIFICATION
(for Minors)**

I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent or legal guardian of the Participant(s) named below to sign this Agreement on their behalf. The Participant(s) named below shall be referred to as "Participants" through this Agreement.

Participant Name Date of Birth

Participant Name Date of Birth

Participant Name Date of Birth

Participant Name Date of Birth

The Participant(s) will use the Oakland County zip-line, operated by the Oakland County Parks and Recreation Commission. I, for myself and the Participant(s), understand and acknowledge that the Participant(s) will be exposed to potential hazards and dangers associated with using the zip-line, including bodily injury, death and property damage. I, for myself and the Participant(s), recognize and accept the hazards and dangers associated with using the zip-line and assume all responsibility for and risk of bodily injury, death, and property damage, whether known or unknown.

In consideration of using the zip-line, I, for myself, the Participant(s), and our heirs, assigns, next of kin, and personal representatives agree to waive, release, discharge, and indemnify Oakland County and its elected and appointed officials, officers, agents, employees, and volunteers from all liability, damages, injuries, claims, or demands (including attorney fees and defense costs associated with such liability, damages, injuries, claims, or demands) arising from the Participant(s) use of the zip-line, except for the gross negligence or willful misconduct of Oakland County and its elected and appointed officials, officers, agents, employees, and volunteers.

I have read and voluntarily signed this Agreement.

This Agreement constitutes the entire understanding between the Parties. I acknowledge that no one has made any representations to me that are not stated in this Agreement and that there are no understandings or representations not included in this Agreement. Any modifications to this Agreement must be made in writing and signed by me and an authorized representative of the County.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Signature Date

Address

Telephone Number