

Charter Township of Oakland
Parks and Recreation
4393 Collins Rd, Rochester, MI 48306
248-651-7810

STONY CREEK RAVINE NATURE PARK
CONTROLLED ARCHERY DEER HUNTING

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I, _____, participate in this hunt voluntarily.

I agree to follow the Oakland Township Parks hunting procedures and hunt safely in accordance with the State of Michigan hunting laws.

I acknowledge that the activities involved with participating in controlled hunting can test a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include but are not limited to: those caused by the terrain, facilities, temperature, weather, condition of equipment, vehicular and horse traffic, actions of other people including but not limited to volunteers, spectators, or officials. I hereby assume all the risks of participating in this event.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the Charter Township of Oakland and the Oakland Township Parks & Recreation Commission, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities and persons: Charter Township of Oakland and the Oakland Township Parks & Recreation Commission ; their elected and appointed officials, employees and volunteers, representatives and agents, and others working or acting on behalf of the Charter Township of Oakland, and to the extent permitted by law (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I authorize release of my telephone number to other Stony Creek Ravine Nature Park hunters to coordinate hunting locations and times.

I hereby certify that I have read this document and understand and agree to its content.

Name: _____

Signature: _____ Date: _____