

Parent/Guardian Name:	Home Phone: ()
Address:	Emergency Phone: ()
City/State/Zip:	E-mail Address:

Last Name	First Name	Shirt Size	Birthdate	Class Code/Program Name	Amount Paid
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Liability Waiver For Participant: As a participant (or as a parent of a participant under 18 years of age) in any Orion Township Program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected or associated with the program(s). I do hereby fully release and discharge the Charter Township of Orion, their officers, agents, volunteers, and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Charter Township of Orion, their officers, agents, volunteers, and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with these program(s). Photographs may be taken at certain Township activities and unless the Township receives signed, written objections, photos may be reproduced for publication.

I FULLY READ AND UNDERSTAND THE FOREGOING

Applicant's Signature Date
IF UNDER 18 YEARS, PARENT OR GUARDIAN SHALL SIGN

Make checks payable to: ORION TOWNSHIP
MAIL TO: Orion Township Community Programs 2525 Joslyn Rd, Lake Orion, MI 48360 OR PAY IN PERSON: Mon-Fri, 8:30 am – 4:30 pm at the Orion Center, 1335 Joslyn Rd., Lake Orion Phone: (248) 391-0304, ext. 305 • Fax: (248) 391-0332