M.I.T.S. / UNIVERSITY OF MICHIGAN MEETS WAIVER / RELEASE OF LIABILITY

NAME:		_ Circle: MALE / FEMALE
GRADE:	SCHOOL ATTENDING:	
EMAIL:		
participating in Marisks may include limited to slips or damage to my perplanned activity. To participate in the voluntarily agreed with this activity. Board of Trustees arise from injury cactivity. I understany acts or failure employees or agent and access to cash, or directly or indirectly or indirectly or indirectly or including services. These results are the care expenses and access to cash, or directly or indirectly or indirectly or indirectly or including services. These results are the care expenses and the care expenses and access to cash, or directly or indirectly or indirectly or including the care expenses. These results are the care expenses and the care expenses are the care expens	ITS Track events in the Indoor the possibility of slight or sever falls, collisions with other partices on, delay or inconvenience, and understand that The Universitalis activity, but I want to do so, to assume and take on myself at I release any and all MITS official, UM Athletics, employees, and for harm to me, from my death, and that this release covers liables to act of MITS officials and organist, including but not limited to come ill or injured while particial I have made arrangements to bother methods. I assume full restly from any of my activities, activities or agents from liability for yact, omission, or negligence of g, but not limited to, owners or leases are effective for me, my process or agents from the particial sand organizers.	langers and risks to which I may be exposed while Athletic Complex at The University of Michigan. These re bodily injury, or death, from hazards including but not cipants, traffic or other travel accidents, or other id/or damage to my property while participating in this ry of Michigan or organizers of MITS do not require me despite the possible risks. I, therefore, freely and ll of the risks and responsibilities in any way associated ials and organizers, The University of Michigan, its agents from all liability, claims, and actions that may or from damage to my property in connection with this bility, claims, and actions caused entirely or in part by ganizers, The University of Michigan, or any of its negligence, mistake, or failure to supervise. pating in this activity, I am responsible for my health handle such expenses through insurance coverage, esponsibility for any and all claims and costs arising ets, or omissions while participating in this activity. The University of Michigan, its Board of Trustees, or any claim of loss, injury, or damage to me or my of parties not an agent or employee of The University of contractors providing accommodations or other personal representative, assigns, and heirs. COMPLETELY THE ABOVE PROVISIONS,
Signature:		
Daka		