

2019 Muskegon Urban Safety Corps



Liability Release Form

This agreement releases the Muskegon County Land Bank Authority, AmeriCorps service agencies, and Muskegon County from all liability relating to injuries that may occur during service with the AmeriCorps Muskegon Urban Safety Corps. By signing this agreement, I agree to hold Muskegon County Land Bank entirely free from any liability including financial responsibility for injuries incurred.

I also acknowledge the risks involved in blight elimination activities. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experience injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against the Muskegon County Land Bank or Muskegon County for any reason. In return, I will be able to participate in blight elimination tasks. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I _____ (printed name), fully understand and agree to the above terms.

Participant Signature

Date

Guardian Signature – for participants under 18

Date

Printed Name