

# OAKLAND COUNTY PARKS

## BMX WAIVER OF LIABILITY/INDEMNIFICATION - MINOR

### Minor Information (“Minor”):

### Parent/Guardian Information (“Parent/Guardian”):

\_\_\_\_\_, \_\_\_\_\_ (Last Name) (First Name) (M.I.)

\_\_\_\_\_, \_\_\_\_\_ (Last Name) (First Name) (M.I.)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, Zip Code)

\_\_\_\_\_  
(City, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Age of Minor)

I, as the Minor’s Parent/Guardian, agree to the following. I understand when participating in Bicycle Motocross (“BMX”) activities, the Minor may be near or exposed to potential dangers and hazards associated with BMX activities, including but not limited to, conditions related to the track/equipment and areas surrounding the track, bodily injury, and permanent disability. I recognize, understand, and accept the nature of BMX activities and the hazards and dangers. The Minor is in good health and in proper physical condition to participate in BMX activities. I assume all responsibility for and risk of injury, death, and property damage, whether known or unknown, and whether caused by the Minor’s negligence or the negligence of any other individual. I waive, release, discharge, covenant not to sue the County of Oakland and its elected and appointed officials, officers, staff, agents, employees, and volunteers (collectively referred to as “County”) from all liability, damages, injuries, claims, or demands because of injury to the Minor, including death, whether caused by the County, the Minor, or any other individual arising out of or in any way connected to BMX activities or use of Oakland County facilities/property.

If, despite the above waiver, I, the Minor, or anyone on the Minor’s behalf makes a claim against the County, I shall defend, indemnify, and hold harmless the County from any litigation expenses, attorney fees, losses, liabilities, damages, or other costs incurred due to the claim made against the County, whether the claim is based on the negligence of the County or otherwise.

I have read, understand, and voluntarily sign this Waiver of Liability/Indemnification (hereinafter “Agreement”). This Agreement constitutes the entire agreement. There are no other agreements modifying its terms. I acknowledge that no one has made any representations to the Minor or me that are not expressly stated in this Agreement. Any modifications to this Agreement must be made in writing, signed by me and a duly authorized officer of the County, and must specifically refer to and expressly amend this Agreement.

\_\_\_\_\_  
(Parent’s/Guardian’s Signature) (Date)

\_\_\_\_\_  
(Minor Volunteer’s Signature) (Date)

\_\_\_\_\_  
(Witness Printed Name)

\_\_\_\_\_  
(Witness Signature) (Date)