

**CITY OF BIG RAPIDS
ACTIVITY RELEASE FORM**

Names and Address of _____
Individual/Firm/Organization _____

Phone No. _____

EVENT: _____

DATE: _____

TIME: _____

LOCATION: _____

The above named individual/firm/organization shall release the City of Big Rapids and any employee thereof, from all suits, claims and actions for damages of every name or description brought or claimed against it for or on account of any injury or damage to person or property received or sustained by any party or parties, by or from any of the acts or omissions or through the negligence of said individual/firm/organization/his/her/its agents or employees, which arise out of the circumstances of the following activity:

(describe event, incident, or activity in which the person or entity will be participating)

SPONSOR'S SIGNATURE: _____

Signed and Sworn this _____ day of _____, 20____.

Notary Public, Mecosta Co., MI
My Commission Expires _____
Acting in Mecosta Co., MI

(Please remember this form has to be signed in the presence of a Notary Public.)