

**RELEASE FORM**

Name of Participant: \_\_\_\_\_

Activity: CANAL RUN

Date: July 20, 2018

July 21, 2018

I, the undersigned, acknowledge that participation in the above activity involves inherent risks of physical injury, illness or loss of personal property. I hereby agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity.

I further agree that for the sole consideration of **UP Health System – Portage** allowing me to participate in this activity for which or in connection with which the hospital has sponsored or made available any transportation, equipment, facilities, grounds or personnel for such programs or activities or to me while participating in any such activities, I hereby release and forever discharge **UP Health System – Portage**, its members individually, and its officers, agents and employees from any and all claims, demands, rights and causes of action whatsoever arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damage to property, and the consequences thereof, resulting from my participation in or growing out of or connected with such activities.

\_\_\_\_\_  
Signature (Parent or guardian if under age 18)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date