VILLAGE OF MUKWONAGO **VOLUNTEER RELEASE OF LIABITY**

Date:	Location of activity:
Description:	
Organization Nat	me:
Contact Phone: _	Email:
Address:	
City:	Zip:Zip:
Emergency Conta	act Person for day of event:
Name:	Phone:
Release of Liabi	<u>lity</u>
with participation any personal prop sue, and further Mukwonago and from any and all and attorney's fe program. I unders and volunteers m	on for participation in the program, I agree to accept any and all risks associated a therein, including but not limited to the risk of injury to myself or damage to perty I have with me during the event. I further hereby covenant and agree not to agree to release, discharge, indemnify and hold harmless the Village of its employees, officers, officials, agents and volunteers (the "released parties") claims including those for property damage or personal injuries, costs, expenses sees which may accrue as a result of my participation and attendance in this stand and agree that the Village of Mukwonago and its officers, employees, agents ay by action or inaction, including negligence, contribute to or cause damage or The release and indemnity is not intended to apply for potential claims arising intentional acts. Date
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