

# Youth Fishing Derby Liability Waiver

Event: Lake Orion Youth Fishing Derby

Date: June 6, 2026

Location: Lake Orion, Michigan

## Participant Information

Youth Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Agreement and Acknowledgement

I, the undersigned parent/guardian, give permission for my child (the "Participant") to participate in the Lake Orion Youth Fishing Derby (the "Event"). I understand that participation in the Event involves risks, including but not limited to, injuries or accidents that may occur on land or by boat. I acknowledge that such risks are inherent to the nature of fishing and boating activities.

## Release of Liability

In consideration of my child being allowed to participate in the Event, I hereby release, waive, discharge, and covenant not to sue Lake Orion Lake Association, its officers, agents, employees, sponsors, or volunteers (collectively referred to as "Releasees") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Participant and Parent or to any property belonging to the Participant, whether caused by the negligence of the Releasees or otherwise, while participating in the Event or while in, on, or upon the premises where the Event is being conducted.

## Assumption of Risk

I understand and acknowledge that my child's participation in the Event is voluntary and that I am fully aware of the potential risks involved. I assume full responsibility for any risk of bodily

injury, death, or property damage arising out of or related to the Event, whether caused by the negligence of the Releasees or otherwise.

## Supervision Requirement

I acknowledge that as a condition of my child's participation in the Event, I am required to supervise my child at all times during the fishing activities, whether on land or by boat. I agree to be present and actively supervise my child throughout the Event.

## Medical Authorization

In the event of an emergency, I authorize the Releasees to obtain necessary medical treatment for the Participant and hereby, in my own behalf and on behalf of the Participant, release the Releasees from any liability resulting from such medical treatment.

## Photo/Video Release

I grant permission for Lake Orion Lake Association to use photographs or video recordings of the Participant taken during the Event for promotional purposes without compensation.

## Acknowledgment of Understanding

I have read this Liability Waiver and Release Form, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_