

**RELEASE AND HOLD HARMLESS AGREEMENT
Saginaw Valley SOS Team**

NAME: _____ **AGE:** _____

ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

HOME PH: _____ **BUSINESS or CELL PH:** _____

ACKNOWLEDGEMENT OF RISK

I, _____, acknowledge that I am fully aware of the possible risks associated with training and missions of which I take part as a member or participant of, and hereby indemnify and hold harmless, the Special Operations Support Team, the Saginaw Valley Medical Control Authority, and its officers, leaders, employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction and supervision, or any other liability in connection with such participation. I have or will receive a copy of the SOS Team's Rules and will adhere to them strictly. This agreement shall continue for each and every time I participate of any activity, official or otherwise, related to the SOS Team. I fully acknowledge that I am acting entirely as a volunteer for the SOS Team without any kind of remuneration for my services and/or equipment.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The laws of the State of Michigan shall govern the terms of this release.

If under 21, the parent or guardian must read the above and sign, indicating his/her acceptance.

Date: _____ Signed: _____ Name: _____
Participant

GRANT OF PERMISSION

I/we the undersigned, (member/participant above named for, if minor, parents/guardians) hereby grant permission and authority to the Special Operations Support Team (Saginaw Valley Medical Control Authority), its officers and authorized employees to act for us in executing verbal instructions or, if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Special Operations Support Team (Saginaw Valley Medical Control Authority), its officers, agents and employees, and owners of any property concerned, and hold harmless from liability for any injury or damage which the member/participant may sustain while participating of any SOS Team related activity, or participating in any activity sponsored by SOS Team (SVMCA), and from any liability connected with obtaining prompt medical attention for the member/participant named above.

Date: _____ Signed: _____
Participant

Date: _____ Signed: _____
Parent/guardian (if minor)