RELEASE OF LIABILITY

I, _____, at **GROW Adult Assisted Activity Center**, located at **951 S. Latson Road, Howell, MI 48843**, hereby assume all risks associated with participating in any and all activities conducted by GROW Adult Assisted Activity Center, including, but not limited to, risks arising from negligence or carelessness on the part of the persons or entities being released; dangerous or faulty equipment or property owned, maintained, or controlled by them; or their potential liability without fault.

I certify that I have not been advised by a competent medical professional not to participate.

I understand that the terms of this Release of Liability will govern my conduct and responsibilities while participating in said activities.

I understand that GROW Adult Assisted Activity Center reserves the right to terminate participation due to inappropriate conduct by a participant or volunteer. I further understand that GROW Adult Assisted Activity Center, including its directors, officers, employees, volunteers, representatives, and agents, is released from liability for errors, omissions, actions, or failures to act by any party or entity conducting a specified activity on its behalf.

In consideration of my acceptance and permission to engage in these activities, I hereby take the following actions on behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, as follows:

1. **Waiver and Release:** I waive, release, and discharge GROW Adult Assisted Activity Center, its directors, officers, employees, volunteers, representatives, and agents, as well as any activity host, from any and all liability, including, but not limited to, liability arising from the negligence or fault of the persons or entities released, for death, disability, personal injury, property damage, property theft, or other loss or injury that may occur to me, including during travel to and from an activity.
2. **Indemnification:** I agree to indemnify and hold harmless the persons and entities identified above from any and all liabilities or claims arising from my participation in an activity, whether caused by the negligence of a released party or otherwise, to the extent permitted by law.

I hereby consent to medical care or treatment that may be considered necessary in the event of an injury, accident, or illness while participating in an activity.

This Release of Liability is intended to be interpreted broadly to provide a release and waiver in favor of GROW Adult Assisted Activity Center to the fullest extent permitted by applicable law.

Participant / Guardian / Volunteer **Date**