

**CITY OF BIG RAPIDS
LIABILITY RELEASE**

Names and Address of
Individual/Firm/Organization

Phone No. _____

EVENT: _____

DATE: _____

TIME: _____

LOCATION: _____

The above named individual/firm/organization releases the City of Big Rapids and its employees from all claims for damages on account of any injury or damage to person or property sustained by any person, by or from the acts or omissions or through the negligence of said individual/firm/organization/his/her/its agents or employees, which arise out of the circumstances of the event or activity described above.

SPONSOR/EVENT SIGNATURE: _____

Print Name: _____