

**WAIVER OF LIABILITY  
CITY OF TRAVERSE CITY**

I the undersigned, \_\_\_\_\_, voluntarily and in consideration of the use of the motorized scooter, hereby agree to release, discharge, hold harmless, and waive all claims for damage or loss to my person or property that may be caused by any act, or failure to act, by the City of Traverse City and each and all of its elected and appointed officials, employees, volunteers, representatives and agents and the Traverse City Downtown Development Authority (the "DDA") and each and all of its employees and representatives in connection with or arising out of my participation in this activity. This waiver binds me, the undersigned, as well as my executors and assigns.

I also understand all risks involved in this activity. I have had the opportunity to call the agents and employees of the City of Traverse City and the DDA to ask any questions that I may have. I assume the risk of all dangerous conditions associated with this activity.

I acknowledge that I have received a copy of and read the Rules of Operation and the boundary map. I certify that I am eligible to use the motorized scooter pursuant to the eligibility requirements and that I am physically able to operate it. I agree to stay within the boundaries provided and to bring the scooter back clean and in good working condition.

Date Signed \_\_\_\_\_

I have read and understand the above.

\_\_\_\_\_  
Participant's signature

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_