

# Mackinac State Historic Parks

## Waiver of Liability

### Firing Morning Cannon Salute – Fort Mackinac

**Disclaimer:**

There are elements of risk and hazards to participants participating in the Morning Cannon Salute at Fort Mackinac. The Mackinac State Historic Parks has made every effort to provide a safe environment with trained staff, but cannot eliminate all of the elements of risk and danger given the nature of this activity. All participants must submit a signed Assumption of Risk and Release form; a parent/legal guardian must sign for participants 13-17 years of age, as well.

**Risks:**

The risks involved in participating in the participation of firing the Morning Cannon Salute at Fort Mackinac include but are not limited to:

- Failure of equipment;
- Failure to follow the safety policies and procedures;
- Misuse of equipment or facilities, or any other associated equipment;
- Cuts, bruises, abrasion, muscle and tendon strain, hearing loss, burns;
- Getting dirt or material in the eyes;
- Slips or trips to get to upper gun platform to fire cannon.

#### Assumption of Risk and Release

I hereby certify that I have full knowledge of the risks involved in participating in the Morning Cannon Salute and that given the nature of the activity not all risks can be eliminated. Further, I expressly agree and assume all of the related risks. My participation is purely voluntary. I understand the importance of listening to the staff instructors and properly wearing the required earplugs and gloves. I understand the importance of following all safety regulations and properly using all equipment and listening to instruction.

I hereby voluntarily release, forever discharge, agree to indemnify and hold harmless and covenant not to sue the State of Michigan/Mackinac Island State Park Commission, its board members, employees, its volunteers and agents (“Releasees”) for any and all claims, demands, causes of action, damage, personal injury, cost and expense which are in any way connected with my use of the Mackinac State Historic Parks equipment or facilities whether caused by the negligence, omissions, or carelessness of the Releasees. This release shall be binding on my family, heirs, estate, administrators, personal representatives and assigns.

My signature below indicates that I have been made aware of the risks involved and/or given a copy of the Disclaimer and Risks that I have read and understand this Assumption of Risk and Release.

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Participant Signature

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Date

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Participant Printed Name

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Signature of Parent/Legal Guardian

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Date

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Parent/Legal Guardian Printed Name

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Participant Address

City

State

Zip

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Participant Email Address (to send certificate)