

**BAY CLIFF HEALTH CAMP
VOLUNTEER INDEMNITY AGREEMENT**

I, _____ agree that I will hold blameless BAY CLIFF HEALTH CAMP, and its directors, administrators, staff, and other agents from and against all losses, claims, suits or other legal liability and expenses that may result from any misfortune, injury, or loss of life for the duration of my contract agreement.

Furthermore, I, _____ understand that Big Bay and the surrounding areas provide many high adventure activities and that I engage in all such activities at my own risk. I hold blameless BAY CLIFF HEALTH CAMP, and its directors, administrators, staff, and other agents from and against all losses, claims, suits or other legal liability and expenses that may result from any misfortune, injury, or loss of life that may result from my participation in such activities.

_____ Date _____

Volunteer signature

_____ Date _____

Executive Director (or designee) signature

BAY CLIFF HEALTH CAMP
PO BOX 310
BIG BAY, MI. 49808
(906) 345-9314
baycliff@baycliff.org