

Homeless Awareness Month Event

Sponsored by Trinity Community Care



Lunch will be provided



- Medical Screenings



- Dental Screenings



**Friday,
November 16, 2018
9:00 AM — 12:00 PM
Family Resource
Center
196 N. Rose St.
Mount Clemens,
Michigan 48043**

*For more information, to volunteer or to donate goods, visit our website at:
www.macombhomelesscoalition.com or call us at 586-213-5757*

Homeless Awareness Month
Consent to Participate and Release of Liability

I, _____ understand that I am participating in activities related to the Homeless Awareness Month Event by my own choice.

I agree to release the Macomb Homeless Coalition, its member agencies and The Family Resource Center from any liability for an injury or illness to me during my participation with the Homeless Awareness Month Event. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from participation in the Homeless Awareness Month Event, from any cause whatsoever, whether caused by the Coalition's active or passive negligence or otherwise. I understand this release extends to claims that I do not know or do not expect to exist at the time of signing this release. _____(initial)

I agree to indemnify, defend or hold harmless the Macomb Homeless Coalition for any liability that may arise as a result of my criminal, willful or fraudulent acts or omissions that occur during my participation in the Homeless Awareness Month Event. _____ (initial)

I agree to allow any pictures of likeness of myself or accompanying dependent family members to be used in promotional documents, pamphlets, newsletters, websites, etc. without compensation. _____(initial)

Demographic Information:

I agree, by signing below, that additional demographic information may be shared with other agencies and programs in Macomb County. The agencies that participate in the sharing may change from time to time but will remain within Macomb County. Sharing allows other agencies to do a better job helping my family and me. I know my decision to share or not share my additional information will last two years.

I agree to return all forms and data sheets to the Homeless Awareness Month Event's staff upon completion of my participation in the Homeless Awareness Month Event.

Name (Printed)

Signature

Date _____