

PARTICIPANT RELEASE OF LIABILITY

Date: ____ / ____ / ____

- As a participant in the Michigan IDA Program, I hereby waive all claims, demands and causes of action of every nature arising from said participation in the above named program and or for the release of information concerning me against _____, its agents, employees, officers, representatives and/or program funders or evaluators.
- In addition to the above agreement, I agree to allow _____ IDA Program to use my name and/or business name and photographs used for brochures, advertising, or any other business related purpose in connection with publicity regarding the Michigan IDA Program. I also agree to be interviewed regarding my participation in the Michigan IDA Program.

Name of Participant

Signature of Participant

Witness