



State of Michigan  
 Michigan Gaming Control Board  
 Office of the Executive Director  
 Horse Racing Section  
 3062 W. Grand Blvd., L-700  
 Detroit, MI 48202  
 Phone: (313) 456-4100  
 Fax: 313-456-2864  
 www.michigan.gov/mgcb

## WAIVER OF LIABILITY (ATTACHMENT D)

On behalf of \_\_\_\_\_  
 (Legal Name of Applicant Business Entity)

I, \_\_\_\_\_,  
 (President or Chief Executive Officer Name) (Title)

hereby waive liability as to the State of Michigan and its instruments and agents, for any damages resulting to the said applicant from any disclosure or publication in any manner other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations, or hearings. I also accept the risk of adverse publicity, embarrassment, criticism, financial loss, and other circumstances that may result from action taken by the Michigan Gaming Control Board regarding this application. I also waive all claims against the Michigan Gaming Control Board, its members and employees, and the State of Michigan for any and all damages that may result from action taken by the Michigan Gaming Control Board regarding this application.

\_\_\_\_\_  
 (Signature) (Title)

\_\_\_\_\_  
 (Printed Name of Signatory) (Date)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

Sworn and subscribed to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_,  
 to certify which witness my hand and official seal

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_