

Event Release - Individual Waiver of Liability, Indemnification, Acceptance of Risks, and Hold Harmless Agreement

	3.	,
Park/Trail:	Warner Lake Park	
	Name:	Date:
Address:		
event/activity at a should not be con acknowledges and	individual acknowledges and represents that she Stearns County Park/Trail. The event/activity is no onsidered an official Stearns County event or acti d understands that any "instructor" or "organizer" o loyment relationship with Stearns County.	t an essential service of Stearns County and ivity. The undersigned individual further
or unknown, antic undersigned indiv participating in the and promises to herself/himself or	individual acknowledges and agrees that the volunt cipated or unanticipated, including the risk of serio ividual acknowledges, represents and agrees that he event/activity at a Stearns County Park/Trail. The accept and assume all responsibilities, and injurt her/his property arising from participation in this event/activity with knowledge of the participate.	us injury, death, or property damage. The it she/he assumes all risks attendant to e undersigned individual voluntarily agrees ies, death, illness, disease, or damage to vent/activity. The undersigned individual is
loss against Steam the undersigned in employees, agents injury, damage, o	individual hereby knowingly, voluntarily and intellins County arising from said individual's voluntary individual hereby agrees to defend, indemnify and is and assigns, harmless from any claims, demands, or other loss, if any, suffered by the undersigned pation in the event/activity at a Stearns County Park/	participation in the event/activity. Further, hold Steams County, its officials, officers, actions or causes of action, as well as any individual as a result of said individual's
I will follow all ru	ules, guidelines, and park ordinances regulating the	use of Stearns County Parks/Trails.
waiving certain le that I have read thi in any way by oral	entering into and signing this agreement affects my egal rights and I accept this and sign this agreement of is entire document, understand it completely, acknow I representations, and agree to be bound by its terms irs, assigns, personal representative and estate.	of my own free will. My signature indicates vledge that it cannot be modified or changed
Signature: (If participant is w	Date: under 18 years old, this release must be co-signed by	a parent or guardian)
Parent/Guardian:	Date	c