

STEARNS COUNTY PARKS - _____ Park/Trail

**VOLUNTARY RELEASE, ACKNOWLEDGEMENT AND
ACCEPTANCE OF RISKS BY PARTICIPANT
(This document affects your legal rights. Read it carefully)**

Participant Name: _____ Date: _____

Address: _____

In order to participate in this activity, I agree to hold the County of STEARNS, its employees, agents and contractors harmless, and I give up any right I may have to make claims or lawsuits against them. I acknowledge that this is not an essential service provided by the County of STEARNS.

I understand and acknowledge that the activities I am about to voluntarily engage in as a participant have certain risks. I understand that these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons or their property. I voluntarily agree and promise to accept and assume all responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation in this activity.

This waiver does not apply to any injuries or damages that are the result of willful, wanton, or intentional misconduct.

I am voluntarily participating in this activity with knowledge of the dangers and risks involved, and no one is forcing me to participate.

I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will. My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms. This agreement shall be binding on behalf of myself, my heirs, assigns, personal representative and estate.

Signature: _____ Date: _____

If participant is under 18 years old, this release must be co-signed by a parent or guardian.