

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

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Person Signing: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Park/Trail Where Event/Activity Will be Held: \_\_\_\_\_

Date/Time of Event/Activity: \_\_\_\_\_ Date/Time for Set-Up: \_\_\_\_\_

In order to hold the above described event/activity on the above named public property, the above named Organization **agrees to defend, hold harmless and pay on behalf of the County of STEARNS, its employees, agents and contractors**, any demands, claims or suits arising out of the above named event/activity. I acknowledge that this is not an essential service provided by the County of STEARNS. I understand this release does not apply to any injury or damages that are the result of willful, wanton, or intentional misconduct.

I understand and acknowledge that the event/activity described above involves risks to those involved and/or participating. I understand that these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to those involved and/or participating and to their property, or to other persons or their property.

I understand that the organization is responsible for assuring adequate parking is provided for participants, spectators and workers.

I understand that the organization is responsible for assuring adequate toilet facilities are provided.

I understand that the organization shall be responsible for the removal of all debris, litter, trash, etc., upon completion of the event/activity.

I understand that a copy of the permit for this event shall be kept on site throughout the event and shall be available for inspection.

**I have authority to bind and enter into this Agreement on behalf of the above named Organization;** and I understand that entering into and signing this agreement affects the legal rights and obligations of the Organization named above, and I have authority to do so on behalf of the above named Organization. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_