

WAIVER OF LIABILITY

Wishing to participate in the activity, service or event referenced below and knowing there are certain dangers related to this Activity hereby I state and affirm that:

1. **My participation is voluntary.** I know and am aware of all the dangers associated with my participation in the Activity and acknowledge that it is **NOT** an **ESSENTIAL** service provided by the City of Kasson.
2. I understand and agree that neither the City of Kasson or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to me.
3. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless the City of Kasson and any person acting on behalf of the City in this Activity from any liability for harm, death, injury or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the City of Kasson or any person acting on behalf of the City. This release does not apply to injuries as the result of willful, wanton, or intentional misconduct.
4. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator and all members of my family.
5. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.
6. I have fully informed myself of the contents of this affirmation and release statement by reading it before I signed it.

Type of Activity _____ Date(s) of Activity _____

Name _____ Age _____
(please print)

Address _____

(signature) (date)

NOTICE: Participants under 18 years of age must have this release co-signed by their parents or guardians.

(parent/guardian) (date)