

## RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_ (“Participant”), acknowledge that I have voluntarily applied to participate in the Minnesota Sheriff’s Mounted Posse Association (MSMPA) annual wagon train ride.

**I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

I verify this statement by placing my initials here: \_\_\_\_\_  
Parent of Guardian’s initials (if under 18): \_\_\_\_\_

As consideration for being permitted by the Minnesota Sheriff’s Mounted Posse Association to participate in the annual wagon train ride, **I forever release the MSMPA and any affiliated organization, and the respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releases”) from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in the annual wagon train, (ii) the negligence or other acts, whether directly connected to the annual wagon train or not, and however caused, by any Releasee, or (iii) the condition of the premises where the annual wagon train occurs, whether or not I am then participating in the annual wagon train.** I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE MINNESOTA SHERIFF’S MOUNTED POSSE ASSOCIATION AND SIGN IT OF MY OWN FREE WILL.**

If Signed by Parent or Guardian: I verify that the dangers of the wagon train activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City State Date

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

\_\_\_\_\_  
Signature  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature  
Address: \_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.