

Minnesota Department of Natural Resources
Trails and Waterways Division
Safety Disclosure, Waiver of Liability and Talent Release
PLEASE READ AND COMPLETE CAREFULLY BEFORE SIGNING

first name _____ last name _____ daytime phone _____

address _____ city _____ state _____ zip _____

In case of emergency, whom shall we contact? _____ PHONE _____

I, the undersigned, have read and understand the attached "Safety Tips." I know that community service projects carry potential risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions and risks, which in combination with my actions, can cause me illness and/or severe or fatal injury. I agree that as a participant, I accept these risks, conditions and hazards. I also agree that I, and not the Minnesota Department of Natural Resources (DNR) or the Adopt-a-River volunteer organizers and/or its members, staff, volunteers and sponsors, am responsible for my safety while I participate in this project and for the costs resulting from any injury I may suffer from this project.

I hereby release the DNR, the Adopt-a-River organizers and/or its members, staff, volunteers and sponsors, related organizers and any or all persons connected with this project from all liability for any injuries or damages incurred as a result of my participation in this project. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby verify that I have no known physical disability, impairment or chemical dependency that might inhibit my participation in this activity, and I agree to abide by all instructions given regarding my participation in this activity.

I also give my permission to the DNR or Adopt-a-River organizers to use my name and any photographs, videotapes, motion pictures, recordings, evaluations or any other record of my participation in the service project for any promotional purposes without obligation or liability to me.

Have you read, understood and agreed to follow the safety tips on the back of this form? ____ YES

participant signature _____ date _____

parent or guardian, if under 18 _____ date _____