

CITY OF MINNEAPOLIS
VOLUNTARY WAIVER OF LIABILITY AGREEMENT

(This Document Affects Your Legal Rights. Read Carefully Before Signing)

I wish to participate in the August 14, 2014 **MPD Runnin' with the Law 5K** and/or the **Desk to 5K Running Program** (the "Activity"). I state and affirm that:

1. My participation is voluntary. No one is forcing me to participate.
2. I acknowledge the Activity is NOT an ESSENTIAL service provided by the City.
3. If I am employed by the City of Minneapolis, I acknowledge the Activity is NOT a REQUIREMENT of my employment with the City and that I am participating on my own time and at my own risk.
4. I understand and acknowledge the Activity I am about to voluntarily engage in as a participant has certain risks. All such risks are known and understood by me. I understand 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 and their property.
5. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City.
6. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City.
7. 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.
8. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

9. My signature indicates 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.

Name (Please Print Full Name)

Address

City, State

Zip Code

Signature

Date

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

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I agree that my child is not required to participate in this program and that my child's participation in the Activity is wholly voluntary. I have read and understand the above Voluntary Waiver of Liability Agreement and I agree to be bound by the terms stated therein.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date