

**City of Minneapolis Department of Public Works  
OLD GRANITE PAVING BRICKS/PAVING STONES -- PURCHASING RULES**

**RELEASE OF LIABILITY**

**Note: Each purchaser and all drivers/helpers must sign.  
Additional blank forms will be available at pickup location for any additional parties to sign.**

**MINNEAPOLIS PUBLIC WORKS SALVAGED  
PAVER BRICKS PROGRAM**

I understand that I am allowed access onto the City of Minneapolis Public Works Linden Yard Storage Facility to participate in salvaging paver blocks/stones with full knowledge of the risks and inherent danger involved in participating in this activity.

I understand that I will be allowed access only for this salvage operation and will be only allowed access to the Pavers storage area. I also understand that this activity will involve lifting, carrying, stacking and transportation of Pavers which may weigh up to 35 pounds each.

I understand that the City of Minneapolis and the Minneapolis Public Works Department are requiring me to waive any and all liability for any injury or damage that may occur to me or my property while participating in any way in the paver blocks/stones salvage program, including any injury occurring at during this work in exchange for and in consideration of the privilege of participating in the program.

**I fully understand the dangers and risks inherent in this program, and it is my intention to release and hold harmless the City of Minneapolis and the Minneapolis Public Works Department from any liability whatsoever associated with this program including any injury or damage to my person or my property that occurs while I am participating, in any way, in this salvage Nicollet Mall Granite Pavers program.**

I further understand that I am receiving the paver blocks "as-is" and that the City of Minneapolis does not warrant the condition of the paver blocks for any use.

**I also agree that this release forecloses and invalidates any potential claims brought by any member of my family, heirs, executor, administrator or any other personal representative that may make any claim on my behalf.**

Name of purchaser (please print)	Signature	Date
Name of additional helper/driver (print)	Signature	Date
Name of additional helper/driver (print)	Signature	Date
Name of additional helper/driver (print)	Signature	Date