



**HENNEPIN COUNTY SHERIFF'S OFFICE WATER PATROL
UNIT
SPECIAL EVENT LIABILITY RELEASE**

This is a legally binding instrument and the provisions herein are subject to enforcement in court. Consultation with legal counsel is strongly recommended prior to signing this document.

The Organization indicated below (may hereinafter be referred to as "Organization"), agrees that it shall ensure that every participant in the _____(event) on _____(date) shall execute a written agreement acknowledging and agreeing with, at least, the following (i) that Organization is responsible for administering, managing, directing, sponsoring and over-seeing the _____(event); (ii) that _____(describe nature of event) may be an inherently dangerous activity; and (iii) that the participant has actual knowledge of the particular risk or danger associated therewith.

Organization shall defend, indemnify and hold free and harmless the County of Hennepin, its present and former officials, officers, agents, volunteers and employees from any and all liability, assertions of liability, claims, causes of action, judgments, damages, losses, costs or expenses, including reasonable attorney's fees, which in any manner arise or be alleged to arise directly or indirectly from any and all activities connected directly or proximately with the event(s) referenced in the accompanying special event permit application filed on behalf of said Organization.

ISSUANCE OF A PERMIT UNDER MINNESOTA STATUTES §86B.121 DOES NOT MAKE HENNEPIN COUNTY LIABLE FOR ANY INJURY OCCURRING AT THE EVENT. The undersigned forever relinquishes and effectively waives any and all rights, defenses and claims whatsoever assertable by the Organization in any action by the County of Hennepin to enforce the provisions herein.

The undersigned attests that he/she fully understands the above and declares that he/she is authorized to legally bind Organization to the provisions herein. The Organization shall, upon request by HCSO, submit applicable documentation (articles, bylaws, resolutions or ordinances) that confirm the signatory's authority to sign and bind Organization as set forth herein. **Please PRINT or TYPE**

Organization Name (must match application): _____

Address _____ City _____ State _____ ZIP _____

Contact Person: _____
Print Name _____ Title _____

Signature of above contact person: _____
!!!Must be notarized!!!

IN WITNESS WHEREOF, the undersigned voluntarily sets his/her hand this _____ day of _____

Month, Year Notary Signature: _____

Notary Stamp: