



**User Wavier**  
**Whitney Sport Complex and Whitney Recreation Center**

Name of Individual/Organization: \_\_\_\_\_

Contact Address and Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Activity: \_\_\_\_\_

Circle One:                      Facility Use    Facility Rental

Number of attendees: \_\_\_\_\_

Any Notes: \_\_\_\_\_

**PARK/FACILITY USE WAIVER AND RELEASE OF LIABILITY**

**ON BEHALF OF:** \_\_\_\_\_, I expressly **WAIVE, RELEASE** and **DISCHARGE** the City of St. Cloud, its elected officials, officers, agents, and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, sickness including COVID19, property damage, property theft or actions, including any alleged or actual negligent acts or omissions, regardless of whether such acts or omissions are active or passive, which may accrue to myself or members of my organization/group or our heirs in connection with the Volunteer program.

I fully understand and acknowledge that the City of St. Cloud is relying on my representation that I have authorization to sign this document and that I will provide all members of my organization/group a completed copy of this Waiver prior to our participation.

We will expressly **DEFEND, INDEMNIFY AND HOLD HARMLESS** the City of St. Cloud, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our acts or omissions arising from or in connection with my/our participation in the event except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employee, volunteers or other representatives. Such indemnification includes liability settlements, judgments, damage awards, fines, costs and attorney fees and expenses associated with any such claims or lawsuits.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group/organization I represent.

Date: \_\_\_\_\_

Representative's Name (Please Print): \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Please return to:                      City of St. Cloud  
Park and Recreation Department  
1101 7<sup>th</sup> Street South  
St Cloud MN 56301  
(320) 257-5959