

**DEFEAT OF JESSE JAMES DAYS  
WAIVER AGREEMENT FOR RELEASE OF CLAIMS  
WALK**

Release made by \_\_\_\_\_  
of \_\_\_\_\_, City of \_\_\_\_\_,  
State of \_\_\_\_\_.

I hereby release and discharge the Defeat of Jesse James Days Committee, Inc., (hereinafter referred to as the Committee) Northfield City Hospital, Carleton College, Rice County, and the City of Northfield, their agents, employees, and officers, from all claims, demands, actions, judgments and executions. This release includes all claims that I may have or which my heirs, executors, or assigns may have against them for all personal and property injuries caused by, or arising out of the walk held in conjunction with the Defeat of Jesse James Days promotion and celebration.

I have read this release and understand all of its terms. I acknowledge the inherent dangers involved in walking on public streets and highways, including without limitation the dangers from dogs and motor vehicle traffic on open streets and highways and uncontrolled intersections, and unsurfaced trails. I voluntarily execute this release and agree that I will make no attempt to hold the above-named parties liable for any injuries.

In witness whereof, I have signed this release at Northfield, Minnesota, the day and year first above written.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(If under 18 years of age, this release must also be signed by a parent or legal guardian.)

\_\_\_\_\_  
Parent or legal guardian

\_\_\_\_\_  
Date