Leech Lake Regatta Waiver Form

This Activity Waiver Form ("Waiver") is for the Leech Lake Regatta (LLR), September 9-11, 2025. In consideration of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, each "Participant" signing below, agree with the Leech Lake Regatta Committee and Volunteers (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

Scheduled from August 9, 2025 through August 11, 2025, the Participant will be participating in the following activity: Leech Lake Regatta (the "Activity") provided by the Activity Provider.

CONSIDERATION

Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of a Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Activity Provider. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant signed this Waiver.

CONCURRENT RELEASE

The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owned to the Participant by the Activity Provider, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

The Participant acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance.

FULL AND FINAL SETTLEMENT

The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity Provider has given the Participant sufficient time to carefully read this Waiver, (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, (3) the Participant fully understands the risks and claims that the Participant is waiving to participate in the Activity, (4) the Participant is freely and voluntarily executing this Waiver, and (5) the Participant is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity.

GOVERNING LAW

This Waiver will be governed by and construed in accordance with the laws of the State of Minnesota.

BOAT NAME:				
PARTICIPANT NAME	SIGNATURE	DATE of	EMERGENCY	EMERGENCY
		SIGNATURE	CONTACT NAME	CONTACT PHONE