



Buckthorn Removal Event – October 25, 2025

Participant Assumption of Risk and Release

Participants in the Buckthorn Removal Event are responsible for their own conduct and safety. Participation involves walking on uneven woodland terrain, using hand tools such as manual saws and branch loppers, and dragging cut buckthorn shrubs and branches. People aged 16 years and over may use herbicide to treat cut buckthorn stumps. By signing below, the participant agrees as follows:

- *Assumption of risk:* I understand that participation is potentially hazardous, and that I should participate only to the extent of my medical and physical ability. I assume all risks of participating, and I assume full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while participating. I fully understand that removing buckthorn involves risks and dangers of serious bodily injury. Risks include, but are not limited to, slips, falls, splinters, cuts, and abrasions. I further acknowledge that the Buckthorn Removal Event will be conducted in an unimproved woodland subject to outdoor weather conditions. I recognize the Riley-Purgatory-Bluff Creek Watershed District (RPBCWD) makes no representations as to site conditions or whether the safety recommendations provided are comprehensive or adequate. I acknowledge the hazards and risks associated with participation and choose to assume them.
- *Release from liability:* In consideration for being allowed to participate in the Buckthorn Removal Event, I, binding my heirs, executors, administrators, and assigns, hereby fully and forever indemnify, release, discharge and hold harmless RPBCWD, its board members, employees, contractors and agents from any and all actions, claims, costs, damages and liabilities of any nature, whether known or unknown, arising out of the Buckthorn Removal Event, including specifically all claims for personal injury, wrongful death, property damage or any other injury I may sustain. This release is unlimited except to the extent that injury, loss or damage is caused by RPBCWD's negligence.
- *Photography and publicity:* I understand and acknowledge that RPBCWD reserves the right to photograph, videotape and otherwise record participants and participant activities and to use sound and images of the participants and participant activities for publicity purposes without further release from or concurrence of participants. Participants will not be compensated for use, playback, transmission, or broadcast of such sound and/or images. I understand and acknowledge that my name and other identifying information also may be included in RPBCWD communications.
- *Authorization to treat:* If I should become injured while participating in the Buckthorn Removal Event, I authorize any physician or surgeon licensed in the State of Minnesota to perform emergency or surgical treatment as in his or her sole judgment may be necessary.

I affirm that I am 18 years of age or older and have read, understand, and accept all terms of this assumption of risk and release, and voluntarily agree to them. I understand that I am waiving substantial legal rights, including certain rights to sue.

Name of participant (please print): _____

Name(s) of minor participant(s) _____

Address: _____ City: _____ ZIP: _____

Parent or legal guardian: I, _____ (name), am the parent or legal guardian of the above-named participant(s), and give my permission of the child(ren) or ward(s) to participate or accompany me as I participate and further agree on behalf of my child(ren) and/or ward to the terms above. I agree that it is my sole responsibility to supervise and provide for the safety of participant at all times minor(s) are participating in or accompanying me during my activities.

(Read and complete the italicized sections above if you wish to complete this assumption of risk and release for one or more minor children in your care. Each adult (18 and over) must complete an assumption of risk and release for himself/herself.)

Participant or guardian signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, please call:

Name: _____

Relationship to participant: _____

Phone: _____

Allergies: _____

Current medications: _____