**DEPARTMENT OF PUBLIC SAFETY**

**MINNESOTA STATE PATROL**

**WAIVER OF CLAIM**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LAST FIRST MIDDLE

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BE IT KNOWN, THAT I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME DATE

**being of lawful age, and of sound mind, for myself and heirs, administrators, executors, and assigns, hereby waive the right to assert any claim or action against the State of Minnesota and its employees and agents for any injury, loss or damage, to my person and/or property, including injuries resulting in death, arising out of any accidents or events occurring while participating in the Minnesota State Patrol (MSP) Summer Academy.**

**I am aware that circumstances, events, dangers, or hazards, may arise or occur while I am participating in the MSP Summer Academy and physical fitness training that could expose me to harm and may result in injury, loss, damage or death, and I assume the risk of such circumstances, events, dangers, or hazards, whether reasonably foreseeable or not.**

**I further agree to safe and hold the State of Minnesota from any and all claims that may arise or are attributable directly or indirectly to me in conjunction throughout the selection process for and participation at the MSP Summer Academy whether or not the loss is dues to negligence on the part of the State of Minnesota or its employees.**

**I have read the above and I fully understand the legal significance of my signature.**

**SINATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**