

**DOUGLAS COUNTY, COLORADO
RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

In consideration for being permitted to participate in the Activity, I, for myself or on behalf of the participant as the participant's parent or legal guardian, acknowledge and voluntarily agree to the following:

A. Assumption of Risk. I fully understand that participating in the Activity may not only involve risk of serious injury or death, economic loss, property damage or loss that may result from the participant's own actions, inactions or negligence, but also from the actions, inactions or negligence of others and/or the condition of the property, and the participant voluntarily agrees to assume this risk.

Possible risks to this activity include, but are not limited to: dangerous or extreme weather conditions; water hazards; falling rocks or trees; traversing dangerous natural terrain features such as uneven paths; sharp rocks, and/or steep drops; interaction with potentially dangerous wildlife or domesticated animals; exposure to herbicide or other chemicals; and interaction with unsafe or injured people.

B. Release and Covenant Not to Sue. I and any personal and legal representatives, heirs, successors and next of kin shall forever release, waive, discharge, relinquish and indemnify Douglas County from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney's fees, judgments, liens, indebtedness and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by the participant or any other person in any way connected to, related to, or arising out of participation in the Activity, regardless of any negligence of Douglas County.

C. Good Health. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Activity. I attest I am in good health and have no physical condition that would prevent my participation in the Activity.

I have carefully read this Release and Waiver of Liability and Assumption of Risk Agreement and fully understand its contents. I am aware that any participant has given up substantial rights by signing this Agreement, and I am signing the Agreement voluntarily. There is no obligation to participate in the Activity or sign this Agreement, but I desire to do so. I certify that I am at least eighteen years of age and the participant or his/her parent/legal guardian.

The Activity: _____ **Location:** _____ **Activity Date(s):** _____
Douglas County

Names of participants in the Activity living at same address (legal guardians must sign for minors):

PrintName(s) _____ **Signature(s)** _____ **Date** _____

Address _____ **City** _____ **Zip Code** _____

Telephone # _____ **Emergency Contact Name & Phone** _____