

**DOUGLAS COUNTY, COLORADO  
RELEASE AND WAIVER OF LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT-ADULT WITH PHOTO RELEASE**

In consideration for being permitted to participate in the Activity, I, the undersigned, acknowledge and 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 my own actions, inactions or negligence, but also from the actions, inactions or negligence of others and/or the condition of the property, and I voluntarily agree to assume this risk.

**B. Covenant Not to Sue.** I, my personal and legal representatives, heirs, successors and next of kin will not make any claim against Douglas County, Colorado, or any of its present or former officials, employees, agents, attorneys, insurers and representatives and their respective successors, heirs and assigns or any volunteer(s) ("Douglas County"), for injury, damage, death or any other loss arising from or related to participating in the Activity.

**C. Release and Indemnification** I, my 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 me or any other person in any way connected to, related to, or arising out of my participation in the Activity, regardless of any negligence of Douglas County.

**D. Good Health.** I warrant that I am in good health and have no physical condition that would prevent me from participating in the Activity. I have had the opportunity to seek medical advice for any concerns I may have had regarding my health.

**E. Photo Release.** In relation to the Activity, I hereby grant to Douglas County all rights of every kind in perpetuity in and to my interview, appearance and name. I hereby authorize Douglas County to photograph me, to edit the same at its discretion and to use photographs in any manner or media whatsoever, including, without limitation, unrestricted use for purposes of television, exhibition, publicity, advertising and publications. I further authorize Douglas County to use my name, likeness or other information concerning me in connection with any program and for any other purpose. I agree that Douglas County owns all rights and proceeds of my photos rendered in connection herewith.

I have carefully read this Release and Waiver of Liability and Assumption of Risk Agreement (the "Agreement") and fully understand its contents. I am aware that I have given up substantial rights by signing the Agreement, and I am signing the Agreement voluntarily. I have 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.

**Event:** \_\_\_\_\_ (the "Activity") **Location:** \_\_\_\_\_  
Douglas County

**Activity Date:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print Name(s):** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_