

CITY OF BOULDER
ACKNOWLEDGEMENT OF RISK AND RELEASE

Please read this form carefully and be aware in registering yourself or your child or ward for participation in this program you will be acknowledging the risk and releasing all claims which you may have or you may have on behalf of your child/ward as a result of participating in this program.

Adaptive wheelchair activities, despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

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| 1. Heart attack, stroke and circulatory problems. | 5. Foot problems. |
| 2. Bone and joint injuries. | 6. Head, neck, and spinal injuries. |
| 3. Back injury. | 7. Heat stroke or heat exhaustion. |
| 4. Muscle strain and other muscle injuries. | |

As a participant or parent/guardian of a participant in the program, I acknowledge that there are certain risks of injury and I agree to assume those risks which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such a program.

I release all claims which may arise against, and agree not to sue, the City of Boulder and its officers, agents, employees and authorized volunteers, on my behalf or on behalf of my minor child/ward as a result of participating in the program.

I further agree to indemnify, hold harmless and defend the City of Boulder and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I FURTHER TO HEREBY RELEASE, HOLD HARMLESS AND PROMISES NOT TO SUE THE CITY OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED IN WHOLE OR IN PART BY MY PARTICIPATION IN THE ACTIVITY FROM WHATEVER CAUSE, INCLUDING, WITHOUT LIMITATION, THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photographs, digital images or videotape of program participants and spectators may be used for future promotional or marketing material.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant/Child/Ward Name _____ Date _____
Please print

Birth Date _____ Age _____ Sex: M ____ F ____

Participant/Parent/Guardian Signature _____

Address _____ Phone _____

Class/Activity _____ Facility _____ Instructor _____

Class time _____ Class days _____

Photo Release (please initial) _____ Yes _____ No _____