City of Boulder Parks and Recreation Roster

Team Name_____

I hereby certify that I have read or had read to me the City of Boulder Athletic's Acknowledgment of Risk and Release Form on the reverse side and that I fully understand and knowingly and voluntarily agree to the terms thereof.

| Team Manager | | | Home # | | | Course # | |
|--------------|-----------------------|--|--------|-----|-------|----------|------|
| Address | | | Work # | | | Sport | |
| | | | Cell # | | | Division | |
| | | | E Mail | | | Day | |
| | Last Name, First Name | | | Zip | Phone | | Date |
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CITY OF BOULDER ATHLETICS PROGRAM

ACKNOWLEDGEMENT OF RISK AND RELEASE

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

Athletics is an activity in which, 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:

- 1. Heart attack, stroke, and circulatory problems
- 2. Bone and joint injuries
- 3. Back injury
- 4. Muscle strain and other muscle injuries
- As a participant in the program, I acknowledge that there are certain risks of injury and I agree to assume those risks which I 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 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 arising out of, connected with, or in any way associated with the activities of the program.

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

- 5. Foot problems
- 6. Head, neck, and spinal injuries.
- 7. Heat stroke or heat exhaustion