

## ASSUMPTION AND ACKNOWLEDGMENT OF RISKS & RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in watersport events and activities and/or being provided with watersport recreational property or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns:

1. **ACKNOWLEDGMENT OF RISKS.** Acknowledge that some, but not all, of the risks of participating in the watersport activity include: (1) Changing water flow, tides, currents, wave action and ships' wakes; (2) Collisions with any of the following: other participants, the watercraft, other watercraft, and manmade or natural objects; (3) Wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature; (4) My sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; (5) Collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia, and/or drowning; (6) The presence of insects and marine life forms; (7) Equipment failure or operator error; (8) Heat or sun related injuries or illnesses, including sunburn, sunstroke or dehydration; (9) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

2. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** Agree to assume responsibility for all the risks of the activity, whether identified above or not, (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). My/our participation in the activity is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).

**I agree to wear a US Coast Guard approved personal flotation device while participating in the activity or riding in any watercraft.**

3. **RELEASE.** I hereby release **Community Sailing of Colorado, LTD.**, its principals, directors, officers, agents, employees and volunteers, their insurers, Denver Sailing Association, City of Boulder, Carter Lake Sailing Club, Vencore Marine, LLC. and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted ("owner") and their insurers, if any, (Collectively "Releasees") **FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS** as a result of my/our participation in the activity, **EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE, OR ANY OTHER PERSON (INCLUDING MYSELF).**

4. **PHOTO RELEASE.** I hereby authorize Community Sailing of Colorado, LTD. (CSC) to publish photographs taken of me, or persons under my legal guardianship, for use in CSC print and online publications, as well as by any outside third party interests. In consideration for my voluntary participation in publications produced by CSC, or any outside third party interests, I agree that I will receive no financial compensation. Furthermore, I agree that participation in any print or online publication produced by CSC, or any outside third party interests, confers no ownership or special rights whatsoever. I release CSC, its employees, and any outside third party interests from any claims of liability by me in connection with my participation in the production of these photographs.

**I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE, OR THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.**

**Participant's Name** (Printed): \_\_\_\_\_ **Age:** \_\_\_\_\_

**Participant (Parent) Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Participant (Parent) Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

List any known allergies to plants, insects or medications (if more space is required, attach extra pages)

\_\_\_\_\_

**Print Parent or Legal Guardian Name** (if participant is under 18):

\_\_\_\_\_

**Participant (or Parent) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_