

**\*\*COLORADO ICE FISHING LIABILITY WAIVER & RELEASE FORM\*\***

Business Name: \_\_\_\_\_

Guide Name (if applicable): \_\_\_\_\_

Trip Date: \_\_\_\_\_

Location: \_\_\_\_\_

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**### 1. ACKNOWLEDGMENT OF RISKS**

I understand that ice fishing involves inherent risks, including but not limited to: cold exposure, hypothermia, falling through ice, slippery surfaces, sharp tools (augers, hooks, knives), uneven terrain, equipment failure, weather hazards, and transportation to/from the activity site. I voluntarily assume all risks.

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**### 2. RELEASE OF LIABILITY**

I hereby release and hold harmless the guide, business, landowners, Colorado Parks & Wildlife, and all associated parties from any and all liability, claims, demands, or actions arising from participation in this activity, including injury, property damage, or death, except in cases of gross negligence.

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**### 3. MEDICAL AUTHORIZATION**

I certify that I am physically able to participate. I authorize emergency medical treatment if necessary.

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**### 4. RULES & SAFETY AGREEMENT**

I agree to follow all instructions given by the guide and understand failure to do so may result in termination of the trip with no refund.

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**### 5. PHOTO RELEASE (Optional)**

I consent / do not consent (circle one) to the use of photos or videos taken during the trip for marketing purposes.

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#### ## ADULT PARTICIPANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

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#### ## MINOR PARTICIPANT (Under 18)

Minor Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

#### ### PARENT/GUARDIAN CONSENT

I, the parent/guardian of the above minor, consent to their participation in ice fishing activities and agree to all terms stated in this waiver.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### ### GUIDE SIGNATURE (Optional)

Guide Signature: \_\_\_\_\_ Date: \_\_\_\_\_