COLORADO DISCOVER ABILITY
ADAPTIVE OUTDOOR RECREATION

P.O. Box 1924
Grand Junction, CO 81502
Phone: 970-257-1222
E-mail: info@coloradodiscoverability.com

COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR ADVENTURES AND DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM
Please note: There are <u>two</u> places on this sheet that require a signature

In consideration of being allowed to participate in any way in COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR ADVENTURES and DISABLED SPORTS USA's programs, related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise COLORADO DISCOVER ABILITY of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue COLORADO DISCOVER ABILITY and DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X_____

Participant's Name (PLEASE PRINT CLEARLY) **Signature** **Date**

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_____

Parent/Guardian's Signature & Emergency Phone **Parent/Guardian's Name (PLEASE PRINT CLEARLY) & Date**

MEDIA RELEASE FORM

NAME_____ Age_____ Male___ Female___

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR ADVENTURES and/or DISABLED SPORTS USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR ADVENTURE and/or DISABLED SPORTS USA event. I further agree that COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR ADVENTURES and/or DISABLED SPORTS USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X_____

Participant's or Parent/Guardian's Signature **Date**