

# **VOLUNTARY RELEASE FORM LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

## **Colorado Rapid Avalanche Deployment (C-RAD) Training**

The C-RAD Training Sessions are: training events that may cover, but are not limited to working with search and rescue dogs, handlers and technicians, in and around helicopters, in and on mountainous terrain, with motorized vehicles of highway and off highway use.

The training activities may involve government employed personnel and volunteers from the public and these activities can be located within County limits, Within Ski Area Permit Areas, Centura St. Anthony's Medical Center (Flight For Life Hanger) or United States Forest Service designated areas.

### **INITIAL WHERE INDICATED AFTER READING EACH SECTION**

1. I, the undersigned participant, voluntarily desire to participate in the above described Training Sessions to be held on (insert dates): \_\_\_\_\_, of (Insert Year) \_\_\_\_\_.

\_\_\_\_\_  
**Initial Here**

2. I acknowledge that the Activity that I the Participant will be participating in is HAZARDOUS, that participation in the Activity involves risk of physical injury, physiological stress, and property damage, and that I am voluntarily participating in this Activity with full knowledge of the nature of the danger involved and hereby agree to accept any and all risks of property damage, personal injury or death to the Participant.

\_\_\_\_\_  
**Initial Here**

3. I consent and authorize C-RAD or any entity authorized by C-RAD to copyright, use and publish any of the images in any format taken of me on the above listed day(s). I understand these images may be used for a variety of purposes and may appear on the website, social media, promotional materials and/or any other media now known or to be invented. I also understand that C-RAD or any entity authorized by C-RAD will use the images exclusively for the organization's purposes and not for any unaffiliated commercial gain. I agree that C-RAD is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my or my organization's name.

\_\_\_\_\_  
**Initial Here**

4. In consideration of Participant's being permitted to participate in the Activity; I agree to release, waive, discharge and covenant not to sue the below defined Released Parties for injuries or damages sustained by Participant; I agree to assume all risks associated with Participant's participation in the Activity; I agree to indemnify, defend and hold harmless County Government, County Sheriff's Office and its designees, United States Forest Service and its designees, Flight For Life Colorado, Centura St Anthony's Summit Medical Center, and all other agencies and entities sponsoring and/or participating in the Activity, their respective subdivisions, agents, officers, Directors, owners, contractors, volunteers and employees (collectively the "Released Parties") from any and all liability actions, cause of actions, debts, claims and demands of every kind and nature whatsoever which may arise during the course or as a result of Participant participation in the Activity, and I agree that Participant shall comply with all applicable rules and regulations of the Released Parties regarding participation in the Activity.

\_\_\_\_\_  
**Initial Here**

5. Nothing in this Consent, Waiver, Release form Liability, and Indemnity Agreement for the Activity shall constitute a waiver or limitation on any right or immunities possessed by the Released Parties pursuant to section 24-10-101, et, seq, C.R.S, and/or any other applicable legal authority.

\_\_\_\_\_  
**Initial Here**

6. This Release of Liability is governed by the laws of the State of Colorado and is intended to be interpreted as broadly as possible and shall be binding to the fullest extent of the law. I agree that exclusive jurisdiction and venue for any legal action arising from Participant's participation in the Activity she'll be in the District Court of Summit County, Colorado; if any part of this agreement is determined unenforceable all other parts shall be given full force and effect.

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**Initial Here**

**I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS AND IMPLICATIONS OF THIS WAIVER OF LIABILITY. I AM AWARE THAT I AM HEREBY VOLUNTARILY RELEASING CERTAIN LEGAL RIGHTS. I DESIRE TO ASSUME THE RISK OF PARTICIPATING IN THE EXERCISE AND INDEMNIFY THE RELEASED PARTIES TO THE FULLEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT