

Event: ASC VOLLEYBALL CAMPS

WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Participant Name: _____

In consideration of the State of Colorado and Adams State College granting me permission to participate in the above-referenced event, and with the understanding that such participation is conditioned upon my execution of

this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the event and any risks inherent in any other activities connected with the event in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the and release from liability the State of Colorado, Adams State College and the City of Alamosa, and all of the trustees, officers, directors, agents, representatives, and employees of the foregoing entities.

I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED EVENT. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, ADAMS STATE COLLEGE AND THE CITY OF ALAMOSA AND ALL OF THE TRUSTEES, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE EVENT.

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in Alamosa, Colorado. This waiver is intended as the complete integration of all

understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.

Signature of Participant Date

Signature of Parent Date
(if participant is under 18 years of age)

