

**NOTICE, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR THE TEEN
ADVENTURE SERIES**

Household Contact Name: Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Emergency Name & Phone: _____

**NOTICE, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT
PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING –**

I understand that participation in the Teen Adventure Series Program or any physically related activity may be dangerous and involve risk of injury, loss or damage associated with participation. _____ **(Participant initials here)**

By signing this Notice, Release of Liability and Indemnification Agreement, I hereby agree to release, hold harmless and indemnify the City and County of Broomfield, its officials, employees, and agents from any and all claims for injury, death, loss, or damage that may occur as a result of participation in the Teen Adventure Series Program or while using City facilities in the course of participating in this Programs, whether or not caused by the act, omission, negligence, or other fault of the City, its officials, it employees, its agents, or by any other cause. _____ **(Participant initials here)**

By signing this Notice, Release of Liability and Indemnification Agreement, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City & County of Broomfield, its officers, agents, or employees, or by any other cause. _____ **(Participant initials here)**

I understand and acknowledge that the City & County of Broomfield, its officers, agents and employees are relying on, and do not waive or intend to waive by any provision or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R. § 24-10-101 *et seq.*, as amended, or otherwise available to the City & County of Broomfield, its officers, or its employees. _____ **(Participant initials here)**

Participant Signature _____ Date: _____

Parent Signature (if under 18): _____ Date: _____