

RELEASE AND INDEMNIFICATION
2018 Denver Broncos Salute to Service PLAY 60 Clinic

RECITALS: The undersigned individual(s) ("Releasor") and/or Releasor's minor child ("Child") has been registered to participate in the 2018 Denver Broncos Salute to Service PLAY 60 Clinic. All registered minors will participate in a football skills clinic on November 13, 2018 at the UHealth Training Center.

AGREEMENTS:

1. Acknowledgment of Risk. Releasor acknowledges that his/her and/or Child's presence and participation at Event can constitute a dangerous activity and may expose Releasor and/or Child to a considerable risk of personal injury or death (including, without limitation, injury or death resulting directly or indirectly from contact with football players, vehicles or crowds). Releasor expressly acknowledges that his/her and/or Child's presence and participation at Event, whether supervised or unsupervised, may involve such a risk and hazard.
2. Release and Indemnification. Releasor, being fully aware that his/her and/or Child's presence and participation at Event may expose Releasor and/or Child to a considerable risk of injury or death, for himself/herself and/or for Child, and his/her and/or Child's spouse, heirs, personal representatives, successors & assigns, does hereby completely & unconditionally release and forever discharge each and every one of: (a) PDB Sports, Ltd., a Colorado limited partnership doing business as the Denver Broncos Football Club ("Broncos"); (b) Stadium Management Company, LLC, a Colorado limited liability company ("SMC"); (c) Metropolitan Football Stadium District, a body corporate and politic and a political subdivision of the State of Colorado ("MFSD"); and (d) any sponsors of Event (all collectively "Releasees"); their owners, officers, employees, agents & representatives; from any and all liabilities, losses, claims, demands, damages, causes of action, costs and expenses of whatsoever kind and character (whether known or unknown, foreseen or unforeseen, future or contingent), Releasor or, if the participant is a Child and this Release and Indemnification is signed by Child's parents and/or guardians, Child may have now or in the future and that, directly or indirectly, arise out of or in connection with or relate to any loss of or damage to property of Releasor and/or Child or any personal injury to or death of Releasor or Child while Releasor or Child is at Event, whether or not such a loss, injury or death is caused in whole or in part by the negligence of Releasees, or any of their owners, officials, officers, employees, agents or representatives. I understand and agree that the Releasee's have not undertaken to determine whether I, or my child, have any medical condition that can cause me to be unfit to participate, and I acknowledge that the Releasees have no duty to do so. I certify that I am, or my child is, in excellent physical health, have/has no medical condition preventing the participation in this Event and am/is able to participate in strenuous and hazardous physical activities. Releasor and Child further agree to indemnify, defend and hold harmless all Releasees, including their representatives, agents, volunteers, assigns, successors, employees, officers and/or directors, from any and all claims, lawsuits (including claims and lawsuits that may be brought by Child against Releasees), injury and physical damage arising from Child's participation in Event.
3. Compliance with Rules. While at Event, Releasor and Child will comply with all applicable rules and regulations of Broncos and the National Football League relating to the presence of persons on the field.
4. Assurances. Releasor hereby certifies that he/she has carefully read this Release and Indemnification, fully understands its provisions and consequences, and has voluntarily executed and delivered this Release and Indemnification on behalf of himself/herself and/or Child.
5. Enforceability. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Colorado and agree that if any portion of this Release and Indemnification is invalid, the remainder will continue in full legal force affect.
6. Binding Effect. This Release and Indemnification shall be binding upon Releasor, the Releasor's spouse and/or Child, and his/her/their heirs, personal representatives, successors and assigns.

IN WITNESS WHEREOF, Releasor has executed and delivered this Release and Indemnification as of the date written below.

Name of Participant-Please Print

Address

Signature

Release on Behalf of Minors

If participant is under 18 years of age, the parent(s) or guardian(s) must execute the below in addition to the above.

The undersigned, _____ referred to as the parent(s) and natural guardian(s) or legal guardian(s) of Participant, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agree(s) to indemnify, save and hold harmless each and all of the parties herein and referred to above as Releasees from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.

Name of Parents/Guardians (if applicable, both
Parents must sign for a Minor)

Phone Number

Signature

_____, 2018
Date

Signature



ATHLETIC TRAINER PARENTAL CONSENT FORM

Parental/Guardian Permission and Waiver Participant: _____

Activity: _____

- 1. INTENT TO INFORM:** I acknowledge that I am fully aware of the potential dangers of participation in the Activity and I fully understand that participation in the Activity may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY, AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless Children's Hospital Colorado and its athletic training staff, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to the Participant whether the result of negligence or for any other cause.
- 2. CONSENT TO ATHLETIC TRAINER SERVICES ("AT Services"):** I hereby acknowledge that Children's Hospital Colorado will provide athletic trainer services to participants in the Activity. As such, I authorize Children's Hospital Colorado's athletic training staff to administer any and all first aid treatment and athletic training services to Participant as may be required to treat any illness/injury/accident resulting from or related to participation in the Activity. I further grant my permission for any and all emergency medical/dental/athletic training treatment and/or first aid to be administered to the Participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from or related to participation in the Activity.
- 3. FOLLOW UP TREATMENT:** I acknowledge that Participant information provided during AT Services may be used to provide information regarding follow up services offered by Children's Hospital Colorado and its athletic training staff. I understand that the Participant may obtain necessary follow up services from any provider and that the Participant is under no obligation to obtain such follow up services from Children's Hospital Colorado or its athletic training staff.
- 4. ADHERENCE TO RULES AND PROCEDURES:** I hereby understand and acknowledge that as a parent/guardian of the Participant, it is my responsibility to comply with all rules and regulations stipulated, adopted, or recognized by Children's Hospital Colorado.

In consideration of participation, and by my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to be bound by the above terms, and that all information provided by me is true and accurate to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____

Date: _____

Print Full Legal Name: _____

Signature of Participant: _____

Date: _____

Print Full Legal Name: _____