WASHINGTON COUNTY EASTERN COLORADO ROUNDUP COLORADO STATE UNIVERSITY EXTENSION WASHINGTON COUNTY 4-H and FAIR ACTIVITIES

WAIVER AND RELEASE OF LIABILITY

(Adult only)

| I | hereby release and waive any and all legal claims I |
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| • | lorado Roundup, Colorado State University Extension, oyees, and representatives that may be made by me or |
| | , or assigns for property damage, personal injury, or |
| wrongful death arising as a result of my participa | ation in the following activities: |
| | |
| | tivities involve certain risks, which could cause serious |
| | as defined in C.R.S. 13-21-119 every person that e given safety instructions, but Washington County, |
| Eastern Colorado Roundup, Colorado State Univ | rersity Extension, and its elected officials, appointed |
| | uarantee that injuries will not occur based upon the ly enrolled to participate in the aforementioned activity |
| | ed and agree to accept all risks of my participation. I |
| also agree to indemnify and hold harmless those lis in the Washington County 4-H and Fair activities a | ted above for all claims arising out of my participation all related activities. |
| COVID-19 Health Advisory and Notice of Acknowledge | owledgement and Assumption of Risk - I understand |
| • | or outdoor venue, playground, park, pool, or other on or group, participant or spectator, constitutes the |
| | health risks associated with such use, including but not |
| limited to the inherent risk now present of COVID- | |
| | as broad and inclusive as permitted by the laws of the this agreement is ruled invalid by a court of law, the |
| remaining provisions will continue in full legal force | e and effect. |
| | release, and I have the authority to execute this release |
| • • | ole). I am freely signing this waiver and release of |
| | l) and children (if applicable). I HAVE READ THIS NING THIS FORM, I AM GIVING UP LEGAL |
| RIGHTS AND REMEDIES ON BEHALF O | OF MYSELF, MY CHILDREN, MY SPOUSE, |
| ESTATE, HEIRS AND/OR ASSIGNS. | |
| | |
| (Girmaton of Province of Charles | D-4- |
| (Signature of Participant) | Date |