

**Acknowledgment of Outing Member
Responsibility, Express Assumption of
Risk, and Release of Liability**

I understand that during my participation in this Corral Bluffs Outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each Outing and cannot be eliminated without destroying the unique character of the Outing. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death (“Injuries and Damages”) from exposure to the hazards of travel and Corral Bluffs Alliance has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, either as a result of negligence or because of other reasons. I understand that risks of such Injuries and Damages are involved in adventure travel such as Corral Bluffs Outings and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this Outing there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed.

In consideration for my acceptance as a participant on this Outing, and the services and amenities to be provided by Corral Bluffs Alliance in connection with the Outing, I confirm my understanding that:

- I have read any rules and conditions applicable to the Outing made available to me and I acknowledge my participation is at the discretion of the leader.

-The Outing officially begins and ends at the location(s) designated by Corral Bluffs Alliance. The Outing does not include carpooling, transportation, or transit to and from the Outing, and I am personally responsible for all risks associated with this travel.

-If I decide to leave early and not to complete the Outing as planned, I assume all risks inherent in my decision to leave and waive all liability against Corral Bluffs Alliance arising from that decision.

-This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

-To the fullest extent allowed by law, I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY Corral Bluffs Alliance, its officers, directors, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of Corral Bluffs Alliance its officers, directors, agents, and leaders, in any way connected with this Outing. I further agree to HOLD HARMLESS Corral Bluffs Alliance, its officers, directors, agents, and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant on the outing. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the Outing.

-I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the Outing.

(Please Print) Name _____ Date of Outing _____
Signature _____
Address _____ City, State, Zip _____
Phone Number _____ Email address _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

I also agree to not collect any fossils or artifacts while on the Corral Bluffs Open Space.

Signed _____

If you are a minor (under age 18), your parent or legal guardian must sign this Agreement on your behalf.

INFORMED CONSENT AND RELEASE



Parent/guardian must sign if the participant is a minor



I, (PLEASE PRINT) _____, offer my participation in this program to the City of Colorado Springs Department of Parks, Recreation and Cultural Services Department. I understand that I am participating at all times on a voluntary basis, and that this agreement can be canceled at any time by the Department or by me. **The City may use my photo for any publications and/or productions.**

If I am injured while participating in this program, I **MAY** be covered by medical insurance purchased by the Department. In order to be eligible for such coverage, I understand I must follow the guidelines established by the Parks, Recreation and Cultural Services Department's policies, procedures, rules for safety and any other regulations pertaining to this program. **The Department and the City are not promising to provide medical coverage, and may under certain circumstances, restrict or discontinue it at any time without notice to me. I understand that I should obtain my own separate medical insurance.**

I also acknowledge that programs are open to the public and that the City of Colorado Springs is not responsible for screening other participants or members of the public for any infectious disease. I voluntarily assume the risk of exposure to infectious diseases by attending City Facilities and understands that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected any infectious disease may result from the actions, omissions, or negligence of self and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I release the City of Colorado Springs and the Parks, Recreation and Cultural Services Department and project sponsors, their employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to property or myself, which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries, which may occur as a result of, or during my participation in programming.

I realize that this release is a binding contract. I have read and do understand it. I knowingly and voluntarily sign below.

***The City of Colorado Springs reserves the right to refuse utilizing youth 9 and younger and will not include them in insurance coverage.**

Program Location: _____

____ Participant Name (Print): _____

Email: _____ Phone: _____

____ Participant Signature: _____

____ Date: ____/____/____ Signature of Parent/Guardian if Participant is a minor (under 18)

____ Name of Parent/Guardian (Print) if Participant is a minor (under 18)

____ Date: ____/____/____

Parks Recreation & Cultural Services - 1401 Recreation Way – Colorado Springs, CO 80905

Revised 07/2020