



LITTLETON HOCKEY ASSOCIATION Littleton Hawks and Colorado 14ers

RELEASE AND WAIVER OF RIGHTS, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Littleton Hockey Association (the “LHA”) programs, events and activities, including programs, events and activities related to the **Littleton Hawks** and/or the **Colorado 14ers**, I hereby understand, acknowledge and agree to the following provisions of this Release and Waiver of Rights, Assumption of Risk and Indemnification Agreement (the “Release”):

1. I acknowledge that participation in LHA programs, events and activities involves inherent risks which could result in bodily injury, illness, partial or total disability, paralysis or death.
2. I acknowledge that participation in LHA programs, events and activities could result in social or economic losses or damages, and that such losses or damages could be severe.
3. I certify that I am in good health and physical condition, and either have been cleared by a physician or assume all responsibility for participation without medical clearance.
4. **I KNOWINGLY, FREELY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN. I KNOWINGLY, FREELY AND VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN LHA PROGRAMS, EVENTS AND ACTIVITIES.**
5. I understand LHA will follow certain rules, regulations and guidelines with respect to LHA programs, events and activities. I willingly agree I will comply with all rules, regulations and guidelines of LHA. **I UNDERSTAND AND AGREE THAT MY FAILURE TO COMPLY MAY BE GROUNDS FOR TERMINATION OR LIMITATION OF MY PARTICIPATION IN LHA PROGRAMS, EVENTS AND ACTIVITIES, WITHOUT REFUND.**
6. I authorize LHA to administer or obtain emergency medical treatment for me if necessary, and I agree to be financially responsible for any resulting expenses.
7. I understand this Release covers all LHA programs, events and activities, without requiring me to sign another form for each new activity. However, I understand that each individual facility or contractor not otherwise controlled or operated by LHA may require one or more additional releases be executed.
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** LHA, its officers, officials, agents, contractors and/or employees, other participants, sponsors, advertisers, affiliated organizations, and owners and lessors of premises used to conduct LHA programs, events and activities (each individually a “Releasee” and collectively the “Releasees”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASEE OR OTHERWISE**, to the fullest extent permitted by law.

9. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, agree not to sue or bring any claim against any Releasee on any basis including, but not limited to, negligence, negligence per se, premises liability, wrongful death, or breach of warranty. I understand this Release includes a release of all claims, even if such claims involve statutory violations or the negligent action or inaction of a Releasee.
10. I agree to **FULLY DEFEND, INDEMNIFY AND HOLD HARMLESS** Releasees, jointly and severally, from any lawsuits or claims brought by any third persons that involve, in any manner, my actions or inactions. I further agree that I will be personally liable for and will pay all reasonable attorney's fees and costs incurred by any Releasee in defending any lawsuits or claims covered by this Release. I agree that under no circumstances will any Releasee be responsible for any of my attorney's fees.
11. This Release is binding to the fullest extent permitted under the laws of the State of Colorado. If any provision of this Release is found to be unenforceable, the remaining terms shall remain in full force and effect.

I HAVE READ THIS RELEASE FULLY AND UNDERSTAND ITS TERMS. I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, AND I HEREBY SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature (if over 18): _____

Name: _____

Date of Execution: _____

FOR INDIVIDUALS UNDER AGE 18 (AT THE TIME OF REGISTRATION OR RELEASE EXECUTION)

I hereby certify that I, as the parent/guardian with legal responsibility of the Participant named above, have read and explained the provisions in this Release to the Participant, including the risks to the Participant and the Participant's personal responsibilities for adhering to applicable rules and regulations. Furthermore, the Participant understands and accepts these risks and responsibilities.

I, for myself and on behalf of the minor Participant, and on behalf of the minor Participant's heirs, assigns, personal representatives and next of kin, do consent and agree to the provisions of the Release set forth above. **I HEREBY RELEASE AND HOLD HARMLESS** Releasees for any and all liabilities incident to the minor Participant's presence at or participation in LHA programs, events and activities, **WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASEE OR OTHERWISE**, to the fullest extent provided by law.

Signature: _____

Name: _____

Date of Execution: _____