



Almont Lodge April 25-28, 2019

EVENT PARTICIPATION AGREEMENT AND RELEASE AND WAIVER OF LIABILITY (“RELEASE”)

EVENT: **Risers4Rett (“Event”)**
DATES OF EVENT: **April 25 - 28, 2019**
LOCATION: **Almont Resort and Three Rivers Resort, Gunnison River Guides, Private Boat Guides**

IN CONSIDERATION of being permitted to compete, observe, work for or participate in any way in the Event, or to enter for any purpose the Location, or any area requiring special authorization, credentials, or permission to enter (“Restricted Area”), I, for myself, my personal representatives, heirs, assigns, and next of kin:

1. HEREBY ACKNOWLEDGE THAT THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS AND HAZARDOUS and involve the risk of serious injury and/or death and/or property damage. These risks include but are not limited to risks inherent in hiking walking in mountainous areas and risks inherent in fishing in a natural stream river or lake including but not limited to drowning.
2. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the Event(s), whether caused by the negligence of releasees, participants, third parties or otherwise, including without limitation the risks and inherent dangers associated with Fly Fishing and outdoor activities in mountainous areas and the risk of negligent rescue operations or procedures.
3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **Risers4Rett, RMRA**, and each of their respective affiliates, and their respective directors, officers, employees, agents and representatives, and the promoters, sponsors, advertisers, participants, instructors, racing associations, sanctioning organizations, Location owners and operators, vehicle operators, officials, rescue personnel, premises and Event inspectors, consultants and others who give recommendations or instructions or engage in risk evaluation or loss control activities regarding the Location, the premises or Event(s) (collectively, the “Releases”) FROM ANY AND ALL LIABILITY FOR ANY LOSS OR DAMAGE AND ANY CLAIM OR DEMANDS THEREFOR FOR ANY INJURY OR DEATH OR DAMAGE TO PROPERTY ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED OR CONTRIBUTED TO BY THE NEGLIGENCE OR BREACH OF WARRANTY OF THE RELEASEES, PARTICIPANTS, THIRD PARTIES, OR OTHERWISE.
4. HEREBY confirm that I understand the Location’s rules and regulations, that I have received a copy of them, that I agree to be bound by them and agree that upon entering the Location or any Restricted Areas, I will continuously inspect such areas and immediately advise the officials of anything that appears unsafe, and if necessary will leave such areas and/or refuse to participate further in the Event(s).
5. HEREBY represent that I am in good physical condition and know of no medical or health reasons why I should not participate in any of the above activities, and agree that I must obtain my own life, liability and health insurance to protect me and my family members against personal injuries. Proof of such insurance will be provided upon request.



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6. This Release supersedes any other agreements, written or oral, by or between the parties and is governed by the laws of Colorado and is intended to be interpreted as broadly as possible. If any portion of this Release is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. **I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT VOLUNTARILY WITHOUT ANY INDUCEMENT OR ASSURANCE BEING MADE TO ME, AND I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.** This Release is binding on my personal representatives, my estate, heirs, administrators and assigns.

I AM AT LEAST 18 YEARS OF AGE AND I HAVE READ THIS RELEASE AND AGREE TO ITS TERMS:

1) ALL PARTICIPANTS MUST COMPLETE THIS SECTION:

Signature of Participant

Printed Name of Participant

Date: _____ Telephone: _____ Email: _____

Address of Participant: _____