

# LEEPAAC Sponsored Events WAIVER OF LIABILITY

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Each Chaperone and Participant Must Have a Completed Form

1. In consideration for receiving permission to participate in Law Enforcement Explorer Advisor Association of Colorado, (LEEPAAC) Sponsored Events, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE LEEPAAC, the elected board members and their associated agencies, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, regardless of whether such loss is caused by the negligence of the releasees, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the activities of LEEPAAC Sponsored Events, and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that the releasees do not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity (s), whether such loss is caused by the negligence of the releasees or otherwise, to the fullest extent allowed by law.

3. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family, my heirs, and personal representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES.

4. I grant permission to the releasees and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries, and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by LEEPAACC.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed.

I HEREBY CERTIFY that I have personal health insurance. My insurance company and policy number is:

Insurance Name/Policy Nbr: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name :  
*\*If under the age of 18* \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_