

*Colorado Legacy Sports*  
Activity Release and Consent

I consent for myself and any child listed below to participate in the Colorado Legacy Sports events and activities (including but not limited to all of the activities for camps, clinics, league practices and games [on and off campus/home game locations]) sponsored by Colorado Legacy Sports.

I understand that these activities and the facilities where they are conducted involve some inherent risks. The risk of injury to me or my child from the activities involved is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this, the risk of serious injury does exist. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by Colorado Legacy Sports, and this Activity Release is given in exchange for that opportunity.

**Waiver, Release, and Indemnification** – I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue Colorado Legacy Sports and all of its constituent organizations, agents, employees, and volunteers, owners of our facility rentals including but not limited to, New Life Church, Tri Lakes Recreation Center, and Schools. (collectively, “Released Parties”) from all demands, claims, or liability, in law or in equity, **including the released parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risks associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct, or intentional acts.

**Medical** - In case of medical need or injury, I understand that Colorado Legacy Sports will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize Colorado Legacy Sports to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof.** I understand that High Country Support Group or Legacy Sports will hold any medication for such child until needed or scheduled, at which time it is my or such child’s responsibility to inform the staff that the medication is needed. **I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to Colorado Legacy Sports using the back of this form.**

**Photography** - I understand that Colorado Legacy Sports may take photographs of me or a listed child in the course of its activities, and I grant Colorado Legacy Sports permission to publish such photographs in a manner Colorado Legacy Sports deems appropriate. To revoke this agreement, I must notify (Initials) in writing in advance of the event.

Signature of  Adult Releasee Without Child  Youth Participating in the Event (14 or older)  
 Parent or Guardian

Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Address:

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Please print the name of each child or youth to whom this release applies and his or her birth date**

Printed Name of Participant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Printed Name of Participant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Participant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Printed Name of Participant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Relevant Medical Information**

Family physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical insurance company and policy number:

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Authorized medications and time they should be administered:

name of medication	time(s) of administration

May High Country Support Group or *Legacy Sports* give any listed child Tylenol or aspirin for headaches or pain?

Yes       No

Do you or a listed child have any allergies or special medical conditions of which we should be aware?

Please Explain:
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