

**TOP GUN TRAINING AND SKILLS EVENT
RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

Activity: Top Gun Training and Skills Event (the “Activity”)

Activity Location: Jefferson County School District Stadium (500 Kipling Street, Lakewood, Colorado)

Date: June 6-7, 2015

In consideration for being permitted to participate in the **Top Gun Training and Skills Event** (the “Activity”), I, the undersigned, acknowledge and agree to the following:

- A. Assumption of Risk.** I fully understand that participating in the Activity may not only involve risk of serious injury or death, economic loss, property damage or loss that may result from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others and/or the condition of the property, and I voluntarily agree to assume this risk.

- B. Covenant Not to Sue.** I, my personal and legal representatives, heirs, successors and next of kin will not make any claim against Blue Knights Law Enforcement Motorcycle Club, Int – Colorado 1, or any of its present or former officials, employees, agents, attorneys, insurers and representatives and their respective successors, heirs and assigns or any volunteer(s) (collectively the “Blue Knights”), for injury, damage, death or any other loss arising from or related to participating in the Activity.

- C. Release and Indemnification.** I, my personal and legal representatives, heirs, successors and next of kin shall forever release, waive, discharge, relinquish and indemnify the Blue Knights from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney’s fees, judgments, liens, indebtedness and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by me or any other person in any way connected to, related to, or arising out of my participation in the Activity, regardless of any negligence of the Blue Knights.

- D. Good Health.** I warrant that I am in good health and have no physical condition that would prevent me from participating in the Activity. I have had the opportunity to seek medical advice for any concerns I may have had regarding my health.

I have carefully read this Release and Waiver of Liability and Assumption of Risk Agreement (the “Agreement”) and fully understand its contents. I am aware that I have given up substantial rights by signing the Agreement, and I am signing the Agreement voluntarily. I have no obligation to participate in the Activity or sign this Agreement, but I desire to do so. I certify that I am at least eighteen years of age.

Executed on _____, 2015.

Name of Person Participating in the Activity: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

Signature: _____

Emergency Contact: _____ Telephone Number: _____