



WAIVER OF LIABILITY

Thank you for participating in NHF Colorado's 2011 Colorado Walk for Hemophilia!

Please complete the following information in order to participate as a volunteer, sponsor, fundraiser, or participant of any kind in the 2011 Colorado Walk for Hemophilia. Only ONE form is needed per family including immediate family members living in the same household.

I/my family choose(s) to participate voluntarily in the 2011 Colorado Walk for Hemophilia benefitting the Colorado Chapter of the National Hemophilia Foundation (NHF Colorado).

As a lawful consideration for being permitted by NHF Colorado to participate in the event, I hereby for myself, my heirs, my administrators, my personal representatives, and my assigns, forever release and discharge NHF Colorado, its board, directors, officers, employees, and agents—collectively the *Released Parties*— from any and all liabilities, losses, costs, claims, demands or causes of action—collectively *Liabilities*—that I may hereafter have for damages, injuries, and death arising out of my participation as a walker or runner. This agreement will not apply to willful, reckless or intentional acts of Released Parties.

I have carefully read the above release and agreement and am fully familiar with its contents. I agree that this release and agreement will be governed by Colorado law and is intended to be as broad and inclusive as permitted by the law of Colorado. I also agree that if any portion of it is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. This waiver of liability shall be binding upon myself, my heirs, my administrators, my personal representatives, and my assigns.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

PLEASE TURN TO BACK OF PAGE TO COMPLETE THE FORM.



I AM REGISTERING AND SIGNING THE LIABILITY WAIVER FOR:

- Myself only
- My family

INDIVIDUAL OR FAMILY NAME: _____

NAMES OF FAMILY MEMBERS: *Please print clearly.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PRINT YOUR NAME: _____

SIGNATURE: _____

DATE: _____

***Thank you for participating in the
2011 Colorado Walk for Hemophilia!!!***

