

**WAIVER OF LIABILITY**  
**and**  
**Assumption of Risk Agreement for**  
**Participants of The 2019 Peaks Challenge**

**ASCENT PEAK (14er)** \_\_\_\_\_

**PRACTICE PEAK** \_\_\_\_\_

**TEAM CAPTAIN / TEAM NAME** \_\_\_\_\_

**CLIMB LEADER** \_\_\_\_\_

I hereby register to participate in the following activities sponsored by or connected with Griffith Centers for Children Chins Up. These activities are: "Peaks Challenge", conditioning hikes in preparation for "Peaks Challenge", and traveling and transportation to and from these events, which shall be hereinafter referred to as "The Covered Activities." In consideration for being allowed to participate in "The Covered Activities," I hereby agree to release, indemnify, discharge, hold harmless, and defend Griffith Centers for Children Chins Up, their Trustees, Directors, Officers, Employees, Agents, Representatives, and Contractors, (hereinafter referred to as "The Released Parties") from any and all causes of action, claims, damages, costs, expenses including attorney fees and costs, and all other liabilities, demands, or causes of action which are in any way connected with my participation in "The Covered Activities," whether known or unknown. This Release is a general release and is intended to include, but is not limited to, all claims and causes of action which allege actual negligent acts or omissions of "The Released Parties." In further consideration for my participation in "The Covered Activities," I assume all risk of participation in "Peaks Challenge" and conditioning hikes, if any. I understand that climbing mountains at high elevation, including but not limited to elevations in excess of 14,000 feet, is an inherently risky activity and entails known and unknown risks which could result in a physical injury. Griffith Centers for Children Chins Up seeks safety and recommends that all participants provide themselves with appropriate footwear, equipment for the covered activities, and ensure that they are in proper physical condition to safely participate in the "Covered Activities." I understand that "The Released Parties" might misjudge the weather or the terrain or the physical condition of the releasing party and that I assume the risk for ensuring that I am physically fit and properly equipped to participate in "The Covered Activities." I agree that I am fully aware of the risks, acknowledge that my participation in these events is potentially dangerous, and voluntarily accept all of the inherent risks involved in this activity. (NEXT PAGE)

I certify that I have no medical or physical conditions which would interfere with my participation in this activity, and Griffith Centers for Children Chins Up and other Released Parties have the right to rely on my representation as indicated by my signature below. This Agreement shall be legally binding on both Participant and the Participant’s legal guardians, should the undersigned be a minor, when signed by both parties. I also acknowledge that Griffith Centers for Children Chins Up shall have no duty or obligation to provide transportation to the Peaks Challenge event or any conditioning hike, and that transportation to and from these events is my sole responsibility. I grant to Griffith Centers for Children Chins Up and said “Released Parties” the right to use images (digital, photographic, and any other kind) of myself in promotion of Griffith Centers for Children Chins Up or future similar events, as solely determined by the Released Parties, without the payment of any compensation. This Agreement is entered into in Adams County, State of Colorado and will be interpreted and enforced under the Laws of the State of Colorado. Any disputes by the undersigned shall be litigated in and venue shall be in Adams County, Colorado. If any clause, phrase, or work is in conflict with State Law, then that single part is null and void and the other parts shall remain in full force and effect.

I UNDERSTAND THIS IS A LEGAL DOCUMENT.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS.

I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH “THE COVERED ACTIVITIES” AND RELEASE “THE RELEASED PARTIES” FROM ALL CLAIMS AND CAUSES OF ACTION AS PREVIOUSLY SET FORTH IN THIS DOCUMENT.

Printed Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Additional phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Please sign, scan and email to Kirby.Gillispie@GriffithCenters.org.**