



## Camp Powder Gap Registration & Waiver

### Capture the Flag Event – July 31, 2016

Participant Name:	Sex:	Age on race day:	D.O.B.:
Address:			
Phone:			
Email:			

*Entry fees are non-refundable and non-transferable. Email inquiries regarding the event or the liability waiver to [CaputreTheFlag@camppowdergap.com](mailto:CaputreTheFlag@camppowdergap.com) For more detail on the event visit [www.camppowdergap.com](http://www.camppowdergap.com)*

#### **Waiver of Liability, Release, Assumption of Risk & Indemnification Agreement.**

For and in consideration of participation in the Camp Powder Gap, LLC event, an outdoor capture the flag competition ("Event"), I hereby relinquish and release Camp Powder Gap, LLC ("CPG") and Powdr-Copper Mountain, LLC ("PCM") and any subsidiary, parent or affiliate(s) of the foregoing entities, or other persons or entities designated by Copper Mountain LLC, the Village at Copper Associates Inc., the United States Department of Agriculture Forest Service, and their respective directors, trustees, officers, agents, employees, volunteers, attorneys and desingees and now and forever from any and all claims, demands, liability or causes of action for death, disability, personal injury, property damage, or property theft occurring to me or anyone else caused by or arising from my participation in the Event, including but not limited to injury or damage caused by negligence of participants, spectators, CPG, or PCM or their members, officers, directors, employees, volunteers, agents. I fully understand and accept the risks involved in participating in the Event and I am voluntarily participating in the Event with knowledge of the risks involved, including dangerous conditions existing at the Event, on trails, and rugged terrain. I agree to accept any and all such risks of injury, death and/or property damage. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge that CPG, and PCM have not purchased and do not provide any medical or accident insurance to cover such expenses. Any such insurance is my sole responsibility. I agree to defend, indemnify and hold harmless CPG, and PCM, and any subsidiary, parent or affiliate(s) of the foregoing entities, or other persons or entities designated by Copper Mountain LLC, the Village at Copper Associates Inc., the United States Department of Agriculture Forest Service, and their respective directors, trustees, officers, agents, employees, volunteers, attorneys and desingeesits members, officers, now and forever, against any and all causes of action, claims, demands, or losses caused by or arising from my participation in the Event. In addition, I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play, may result in my expulsion from this Event. I hereby consent to any photographs or video taken of me while participating in this Event and that such photographs or video may be used for promotional materials and are the property of CPG. I agree to the terms of this waiver, release, assumption of risk and indemnification agreement as set forth herein.

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

**\*\*For your safety and emergencies please carry photo I.D.**

Parent or guardian must sign if participant is under 18 years of age. By signing above, I certify that I am the parent or guardian of the participant named on this form and hereby give my consent without reservation to the foregoing on behalf of the individual.