



CHALLENGE ASPEN WAIVER

PERMISSION TO OBTAIN MEDICAL TREATMENT ON MY BEHALF

Should I or the person for whom I am the legal guardian, become injured or ill, I give permission for Challenge Aspen program facilitator(s) to render First Aid and to seek emergency medical or rescue services as they see fit, and at my cost.

Participant Name (Print)
Guardian Name (Print)

Signature

Date

EQUIPMENT WAIVER

I accept for use the equipment issued to me and accept full responsibility for the care of this equipment. I will be responsible for the replacement at full retail value of any equipment rented under this form, but not returned to Challenge Aspen. I will be responsible for any damage to this equipment.

Participant Name (Print)
Guardian Name

Signature

Date

PERMISSION TO TAKE AND DISPLAY PHOTOGRAPHS AND FILM (OPTIONAL)

I hereby give my permission to Challenge Aspen, and any other person designated by Challenge Aspen to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as Challenge Aspen sees fit.

I hereby release Challenge Aspen, [Aspen Skiing Company, LLC](#), their respective successors, representatives, assigns, [directors, officers, agents](#), and employees from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and kind arising or connected with photographs of the undersigned taken in conjunction with a Challenge Aspen activity.

Participant's Name (Print)
Guardian Name (Print)

Signature

Date

*Parent/guardian must sign waivers if participant
is a minor or has a legal guardian.*

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and CHALLENGE ASPEN's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian, I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and CHALLENGE ASPEN of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, CHALLENGE ASPEN, its affiliated clubs, [Aspen Skiing Company, LLC](#), their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
 Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
 Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
 (PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
 Signature of Participant/Guardian Date