

**Acknowledgement of Risk and Release**  
P.O. Box 791, Boulder, CO 80306

Name (first, last): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Library Card #: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
*Name Relationship Phone*

I, the undersigned, agree to the following:

1. I acknowledge that there are dangers and risks incurred as a result of participating in activities at BLDG 61 Makerspace, and I knowingly assume all risk for any injuries, death, damage or loss to my person, including, but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts, scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to my property.
2. I waive and relinquish all claims I may have as a result of my participation in activities at BLDG 61 Makerspace against the City of Boulder and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless the City of Boulder against claims by any person, firm, or corporation made pursuant to my participation in activities at BLDG 61 Makerspace, including claims already made and claims that may be made in the future.
3. I agree to pay for any damage sustained to City property as a result of my participation in activities at BLDG 61 Makerspace. Payment shall be made directly to the City of Boulder within thirty days of receipt of damage and I agree that I will be responsible for all costs associated with collection.
4. In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services rendered.
5. I also give permission for media coverage of myself to be disseminated for public relations purposes without any personal compensation.
6. This Acknowledgement of Risk and Release is valid for a period of 5 years from the date executed below.

I acknowledge and understand the City of Boulder risk and release. This acknowledgment of risk and release shall not be modified orally. A minor's signature must be accompanied by the signature of the parent or guardian.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Name (printed)**

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

**If a minor:** Age: \_\_\_\_\_

\_\_\_\_\_  
**Name of guardian (printed)**

\_\_\_\_\_  
**Guardian Signature**