

**WAIVER AND RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**WAIVER:** In consideration for being allowed to participate in **Broncos 7-on-7 & Linemen Challenge** (the "Event") in June of 2025, I, for myself, and for my heirs, family, personal representatives and/or assigns (collectively the, "Releasers"), do hereby release, waive, discharge and agree not-to-sue the National Football League, its member professional football teams, Denver Broncos Team, LLC, Stadium Management Company, LLC, the Denver Broncos Football Club, their respective affiliates and any or all of their respective partners, stockholders, officers, directors, employees, agents, affiliates and sponsors (collectively, the "Released Parties"), from all present and future claims of any kind whatsoever, including for property damage, personal injury, or wrongful death arising as a result of my participation in the Event. I understand and agree that the Released Parties are not responsible for any injury or property damage arising out of the Event, even if caused by the Released Parties' negligence.

**ASSUMPTION OF RISK:** I understand and agree that my participation in the Event involves certain risks, including, but not limited to, serious injury and death. I understand and agree that I am voluntarily participating in the Event with knowledge of the danger involved, and I agree to accept all risks of participation. I represent that I understand the nature of the Event and that I am qualified, in good health, and in proper physical condition to participate in the Event. I acknowledge and agree that if I believe event conditions are unsafe, I will immediately discontinue my participation in the Event.

**MEDICAL AUTHORIZATION:** I consent to administration of first aid and other medical treatment in the event of my injury or illness.

**INDEMNIFICATION:** I also agree on behalf of the Releasers to indemnify and hold harmless the Released Parties from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my participation in the Event and all related activities.

**SEVERABILITY:** I understand that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (this "Agreement") is intended to be as broad and as inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect without modification. I further agree that any legal proceedings related to this waiver will take place in Denver, CO and hereby submit to the jurisdiction of the courts in such location.

**USE OF NAME AND LIKENESS:** I hereby expressly grant the Released Parties, their affiliated and subsidiary companies, any third party any Released Party authorizes, and their respective employees, agents and assigns, the right to film and/or photograph me at the Event and/or make recordings of my voice, and the right to use pictures, silhouettes and other reproductions of my likeness (as the same may appear in any camera photograph and/or motion picture film) and/or recordings of my voice in and/or likeness in connection with the Released Parties, its related, affiliated and/or subsidiary companies.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I am of legal age and have full capacity to understand and evaluate the risks being waived and released pursuant to this Agreement. I have read this Agreement fully, understand its terms and understand that I am giving up substantial rights, including the right to sue and to exercise any other remedies on behalf of the Releasers. I acknowledge that I am signing the agreement freely and voluntarily, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
**SIGNATURE**  
(if the participant is under 18 years of age, a parent or legal guardian  
should sign this waiver and release)

\_\_\_\_\_  
**PRINT NAME OF PARTICIPANT**

\_\_\_\_\_  
**HIGH SCHOOL & DATE**

## ATHLETIC TRAINER PARENTAL CONSENT FORM

Parental/Guardian Permission and Waiver Participant: \_\_\_\_\_

Activity: Futures Football

1. INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in the Activity and I fully understand that participation in the Activity may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY, AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless Children's Hospital Colorado and its athletic training staff, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to the Participant whether the result of negligence or for any other cause.
2. CONSENT TO ATHLETIC TRAINER SERVICES ("AT Services"): I hereby acknowledge that Children's Hospital Colorado will provide athletic trainer services to participants in the Activity. As such, I authorize Children's Hospital Colorado's athletic training staff to administer any and all first aid treatment and athletic training services to Participant as may be required to treat any illness/injury/accident resulting from or related to participation in the Activity. I further grant my permission for any and all emergency medical/dental/athletic training treatment and/or first aid to be administered to the Participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from or related to participation in the Activity.
3. FOLLOW UP TREATMENT: I acknowledge that Participant information provided during AT Services may be used to provide information regarding follow up services offered by Children's Hospital Colorado and its athletic training staff. I understand that the Participant may obtain necessary follow up services from any provider and that the Participant is under no obligation to obtain such follow up services from Children's Hospital Colorado or its athletic training staff.
4. ADHERENCE TO RULES AND PROCEDURES: I hereby understand and acknowledge that as a parent/guardian of the Participant, it is my responsibility to comply with all rules and regulations stipulated, adopted, or recognized by Children's Hospital Colorado.

***1.1. In consideration of participation, and by my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to be bound by the above terms, and that all information provided by me is true and accurate to the fullest extent of my knowledge.***

Signature of Parent/Guardian: \_\_\_\_\_

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

Print Full Legal Name: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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