

**DOUGLAS COUNTY EMERGENCY VEHICLE OPERATIONS COURSE  
INDIVIDUAL RELEASE, INDEMNITY,  
AND ASSUMPTION OF RISK AGREEMENT**

In consideration for being permitted access to and use of the Douglas County Emergency Vehicle Operation Course (EVOC) located at 8500 Moore Road in Douglas County, Colorado, I acknowledge and voluntarily agree to each of the following:

**A. Assumption of Risk.** I fully understand that my presence at or participation in any activity at the EVOC may not only involve risk of serious injury or death, economic loss, property damage or loss that may result from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others and/or the condition of the property, and I voluntarily agree to assume this risk.

**B. Release/Covenant Not to Sue.** I and any personal and legal representatives, heirs, successors and next of kin shall forever release, waive, discharge, and relinquish any claim of liability against Douglas County, the Douglas County Sheriff's Office (DCSO), and the Highlands Ranch Law Enforcement Training Foundation (HRLETF) or any of their principals, affiliates, sponsors, volunteers, agents, officials, employees, successors, and assigns from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney's fees, judgments, liens, indebtedness and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by myself or any other person in any way connected to, related to, or arising out of my presence at or participation in any EVOC activity, regardless of any negligence of Douglas County, the DCSO, and/or the HRLETF.

**C. Indemnification.** I and any personal and legal representatives, heirs, successors and next of kin shall forever agree to defend, hold harmless, and indemnify Douglas County, the DCSO and the HRLETF, or any of their principals, affiliates, sponsors, volunteers, agents, officials, employees, successors, and assigns from any liability in any cause of action in law or equity which may be asserted against any of them for any act or omission arising out of my presence at or use of the EVOC.

**D. Insurance.** I agree to act as my own insurer against all hazards and acts of any negligent person, understanding that my personal insurance may not cover the activities in which I participate while at the EVOC and as contemplated by this release and indemnification.

I have carefully read this Release and Waiver of Liability and Assumption of Risk Agreement and fully understand its contents. This Agreement shall be contractual and should any part be invalidated by a court of law, the remaining parts shall remain in full force and effect. I am aware that by signing I have given up substantial rights, and I am signing the Agreement voluntarily. I acknowledge that there is no obligation to participate in any activity or to sign this Agreement, but I desire to do so. I certify that I am at least eighteen years of age and the participant.

**Date Executed:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name** **Signature**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Emergency Contact Name & Phone:** \_\_\_\_\_