

WAIVER AND RELEASE OF CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN PARTICIPATING IN THE PRIVATE ATHLETIC WORKOUTS AND ASSOCIATED ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, WRESTLING, RUNNING, SWIMMING, BOATING, WATER SKIING, WATER TUBING, HUNTING, AND OTHER RECREATIONAL ACTIVITIES HOSTED BY COLORADO TOP TEAM AND LEISTER AND MACKENZIE BOWLING AT THEIR RESIDENCE, CURRENTLY LOCATED AT 4789 COUNTY ROAD 24 3/4, LONGMONT, COLORADO 80504 (“EVENT”), YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES, INCLUDING ILLNESS (E.G., COVID-19), YOU MIGHT SUSTAIN ARISING OUT OF THE ACTIVITIES OF THE EVENT. THIS WAIVER AND RELEASE OF CLAIMS SHALL APPLY TO YOUR PARTICIPATION IN EACH AND EVERY EVENT FROM THE DATE OF EXECUTION FORWARD.

As a participant in the Event(s), I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death and illnesses (e.g., COVID-19), damages, or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with the Event(s).

I hereby certify that I am physically fit, have sufficiently prepared or trained for participation in the Event(s), and have not been advised not to participate by a qualified medical professional.

In consideration of permitting me to participate in the Event(s), I agree to waive and relinquish all claims I may have as a result of participating in the Event(s) against Colorado Top Team and Leister and Mackenzie Bowling, and their shareholders, directors, employees, agents, representatives, volunteers, dependents, heirs, successors, and assigns (“Releasees”). I fully release and discharge the Releasees from any and all claims for injuries, including death and illnesses (e.g., COVID-19), damage, or loss which I may have, or which may accrue to me, on account of my participation in the Event(s). I further agree to indemnify and hold harmless and defend Releasees from any and all claims for injuries, including death and illnesses (e.g., COVID-19), damages, or losses sustained by me or arising out of, connected with, or in any way associated with my participation in the Event(s). I hereby take such action for myself, my executors, administrators, heirs, next of kin, successors, and assigns.

COVID-19: I ACKNOWLEDGE THAT PARTICIPATING IN THE EVENT(S) DURING THE CORONAVIRUS PANDEMIC ENHANCES MY RISKS OF PERSONAL INJURY, INCLUDING THE INCREASED LIKELIHOOD THAT I, OR THOSE WITH WHOM I INTERACT, CONTRACT OR TRANSMIT COVID-19, AND THAT BY PARTICIPATING IN THE EVENT(S), I AM ASSUMING SUCH RISKS. I CERTIFY THAT I: (1) AM NOT COVID-19 POSITIVE; (2) AM NOT EXHIBITING ANY SYMPTOM COMMONLY ASSOCIATED WITH COVID-19, SUCH AS A FEVER OR COUGH; AND (3) I HAVE NOT COME INTO CONTACT WITH A KNOWN COVID-19 POSITIVE PERSON. IF ANY PORTION OF THE FOREGOING CERTIFICATE BECOMES INACCURATE, I AGREE TO IMMEDIATELY NOTIFY THE RELEASEES IN WRITING.

In the event of an emergency, I authorize the Releasees to secure any medical treatment deemed reasonably necessary for my immediate care, payment for which I agree to be responsible.

This Waiver and Release of Claims shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's signature

Date

Participant's Name

Age

(If under 21 years old, Parent or Guardian must also sign.)

As the Parent and/or Guardian of the minor participant identified above, I understand the risks associated with the minor's participation in the Event(s) and hereby agree to all terms and conditions herein. If, despite this Waiver and Release of Claims, I, or anyone on the minor's behalf, assert a claim for liability against any of the Releasees, I will indemnify, hold harmless and defend each of the Releasees from any such claim and liability.

Parent/Guardian signature

Date

Parent/Guardian Name, Please Print