

Complete Release of Hopes Float, Inc.

Full Name _____ M ___ F ___ Age _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell: _____

Email Address _____ Date of birth _____

I, _____
Full name

Hereby acknowledge that I have voluntarily applied to participate in Hopes Float, Inc. programs. I further acknowledge that I have been advised about the potential dangerous nature of the program, including the use of a pontoon boat on various Colorado lakes. I realize that I will be on a pontoon boat in open water and that there is a real possibility that I may be subjected to swimming or being in cold open waters. I understand that I will be engaging in strenuous physical activity both on and off the boat. I hereby represent, warrant and covenant that I have determined, by my own physical examinations, checkups and permission from my doctors, that I am in sufficient good health to fully participate in all Hopes Float Inc.'s activities. I understand that Hopes Float, Inc. is relying on my own assessment that I can safely participate in the proposed activities.

In consideration of being permitted to participate in Hopes Float Inc.'s programs, I hereby release, waive, discharge, hold harmless, indemnify, and covenant not to sue Hopes Float, Inc., its owners, shareholders, directors, officers, agents, instructors, employees, lessees, lessors, boat owners, vehicle owners and/or drivers, trip sponsors, staff, any other parties work for or volunteering on behalf of Hopes Float, affiliates, sponsors, related churches such as LifeBridge, or their successors or assigns (hereafter referred to collectively as Hopes Float, Inc.). This release is given to Hopes Float, Inc. as a complete release for all claims of any kind that I may possess at any time against Hopes Float, Inc. This release to Hopes Float, Inc. includes a release for any and all liability to me, my personal representatives, assigns, heirs, and next of kin, for all losses ore damages of any kind, including but not limited to any claim for damages on account of any and all personal injuries to me (for example, loss of enjoyment of life, loss of income or loss of future income or income potential, damages to my property, damages or loss of use of my body, damages for any emotional injuries, or losses or damages resulting in my death.) This release applies to all risks connected with Hopes Float, Inc.'s activities, whether said risks are foreseeable or unforeseeable.

I assume full responsibility for any and all risk of property damage, bodily injury, or death, due to Hopes Float, Inc.'s negligence or otherwise, while participating in any of the Hopes Float, Inc.'s activities. I assume full financial and legal responsibility for all costs associated with any losses, damages or claims suffered by Hopes Float Inc. or any third party due to my conduct. I represent that I have full coverage medical and hospitalization insurance that will provide for any medical needs associated with my Hopes Float Inc.'s activities. I assume full financial responsibility for any medical and hospitalization costs associated with my Hopes Float, Inc.'s activities. I assume all legal costs associated with enforcing the terms of this Release.

I expressly acknowledge and agree that the Hopes Float, Inc.'s fishing activities may be very dangerous and involve the risk of property damage and/or serious injury and/or death. I assume those risks. I further expressly agree that the foregoing release and waiver agreement is intended to be as broad, far reaching, and inclusive as is permitted by the law of the State of Colorado, and that if any portion of it is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I am of lawful age and legally competent to sign this release; I understand the terms herein are contractual and not mere recital; and I have signed this document as my own free act. In addition, I agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I give permission to have my photograph taken at any Hopes Float event and to use the photo for any of the following but not limited to the following: Appearing in a video/digital picture to be used in a multimedia presentation, an Internet web page, and/or appearing in a picture to be used in a publication.

In witness whereof I have executed this affirmation and release at _____ (city) On the _____ day of

Month year

Signature: _____ Witness: _____