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**MINOR**

# ACKNOWLEDGMENT OF RISK, CONSENT TO MEDICAL TREATMENT AND MEDIA CONSENT AGREEMENT

**THIS IS A LEGALLY BINDING AGREEMENT! PLEASE READ CAREFULLY BEFORE SIGNING!**

For and in consideration of my minor child being allowed to use the Utah Olympic Park (“UOP”) and/or any part of its facilities, I acknowledge and understand that my minor child could sustain serious injuries, including, but not limited to, paralysis, head/brain injuries, and even **DEATH** as a result of using any of the facilities at the Utah Olympic Park or participating in any of the sporting events available at the Utah Olympic Park. I further acknowledge and understand that obeying and following safety rules and/or instruction does not guarantee my child’s safety and that there are many serious risks involved in using these facilities. **The UOP is NOT in any manner an insurer of my child’s safety.**

I also understand that the equipment and facilities at the UOP are being offered to my child “**AS IS**” and “**WITH ALL FAULTS**”. **NO implied warranty of merchantability or fitness** or any other warranty of any kind is being offered to my child/children or to me on behalf of my child with respect to the equipment or facilities used by my child.

I hereby consent to allow the UOP to administer (directly or indirectly) first aid and other emergency medical treatment to my minor child for any injury or illness that occurs during my minor child’s use of UOP’s facilities or participation in the sporting events. I have/my minor child has adequate health insurance or resources to cover the costs of treatment in case of any such injury or illness.

I also grant to the Olyparks and its assigns the right to use, reproduce, display, distribute and make derivative works, in any and all media, of my minor child’s voice, image and/or likeness recorded while using the UOP’s facilities or participating in the sporting events and any biographical information furnished by me/my minor child to the UOP.

I have read and understand this Agreement and voluntarily enter into it without any reservation whatsoever. I further agree that no representations have been made to me other than those expressly contained herein and that I have the express permission of my spouse and any other guardian/parent of my minor child to enter into this Agreement on behalf of my minor child. In the event any part of this Agreement is deemed unenforceable, the other portions will remain enforceable. Any lawsuit concerning this Agreement shall be filed in the Third Judicial State District Court in and for Summit County, State of Utah.

Dated this \_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Print First and Last Name of Signing Parent

\_\_\_\_\_  
Full Name of Child (1)

\_\_\_\_\_  
Full Name of Child (2)

\_\_\_\_\_  
Full Name of Child (3)

**Contact Information**

Program Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Emergency Hold Button Form Received (track program): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_