



STUDENT REGISTRATION



BLACK HAWK
AMERISTAR
CASINO ★ RESORT ★ SPA

PARTICIPANT REGISTRATION FORM AND RELEASE OF LIABILITY

Participant Information:

Name _____

Agency (if applicable) _____

Date of Birth _____ / _____ / _____

Phone Home _____ Cell _____

Email _____

Physical Address _____

Mailing Address _____

Emergency Contact:

Name _____

Phone1 _____ Phone2 _____

This is a release of liability. Please read carefully before signing.

In consideration for the City of Black Hawk and Ameristar Casino Resort Spa in Black Hawk (Collectively, the "Releasees") allowing my participation in the stair climb activity at the Ameristar Casino (The "Activity"), the undersigned agrees, to indemnify and hold releases, their officers, agents, consultants, and representatives harmless for any loss, damage or injury of any kind whatsoever to the undersigned. I further agree to release, waive and discharge, and covenant not to sue the releases for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred as a result of my participation in the activity. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the releasees.

I have read the above waiver and release, I understand that the City of Black Hawk has given up substantial rights by signing it, and I sign this waiver and release, voluntarily.

Student Signature

Printed Name

Date

Parent Signature

Printed Name

Date