



FILLABLE REGISTRATION FORM

Name _____ Name as you would like it to appear on your badge _____

Spouse/ Guest Name _____ Guest/spouse name as it should appear on badge _____

Firm Name _____ Firm Address _____

City, State & Zip _____ Phone & E-mail _____

REGISTRATION FEES

	<i>Until June 30, 2025</i>	<i>July 1, 2025 and after</i>	
CDLA Members:	\$875 _____	\$925 _____	
Non-CDLA Members:	\$975 _____	\$1,025 _____	TOTAL _____

PAYMENT INFORMATION – PLEASE FILL OUT ALL CREDIT CARD FIELDS.

A check in the amount of \$ _____ is enclosed. (Please make checks payable to CDLA.)

Pay by Credit Card: Please charge my credit card in the amount of \$ _____ (Visa, MasterCard, American Express Accepted).

Name on Card _____	CC Number _____	Exp. Date _____	CSV Code _____
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Street Address of Cardholder _____	City / State / Zip _____	Signature _____
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PLEASE SEND WITH PAYMENT: BY MAIL: CDLA: 643 Dexter Street, Denver, CO 80220, **BY FAX:** 925.364.2405.
SCAN + EMAIL: glenna@codla.org. For more information call 303.946.6659 or email glenna@codla.org.

REFUND AND CANCELLATION POLICY: A registrant for a CDLA event will be entitled to receive a refund in the amount of 50% of the registration fee if the request is received more than 14 days prior to the scheduled date of the event. Thereafter, no refunds will be provided, but the registrant may substitute another person to participate in the event.

WAIVER & RELEASE: Please read the PARTICIPANT WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE on the next page. By signing below, you attest that you have read it and understand its terms. Failure to sign may prevent your participation in the Conference and activities.

Print Name _____ Date _____

Signature _____



PARTICIPANT WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE

BY SIGNING THE CONFERENCE REGISTRATION FORM, I ATTEST THAT I HAVE READ THE PARTICIPANT WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

As a participant of an event at the Colorado Defense Lawyers Association (“CDLA”) Annual Conference and/or activities (the “Events”), and by signing the Conference Registration Form, I acknowledge, appreciate, and agree that:

1. There is a risk of injury and/or death from one or more of the activities at the Events, and as a participant I understand that there is a potential related risk to me due to my presence near the Events, including but not limited to exposure to COVID-19;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation;
3. If I observe any unusual and/or significant hazard during my presence, I will remove myself from the area that I perceive as a hazard and shall bring such hazard to the attention of the nearest official;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE, CDLA, and its officers, directors, representatives, officials, agents and/or employees, subsidiaries, and/or assigns, as well as its independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Events (collectively, the “Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further agree to indemnify, defend and hold harmless Releasees from any loss, liability, cost, claim, or damages arising from my participation in or association with the Events organized and sponsored by CDLA or any person or organization connected with the Events;
5. My attendance as a participant at the Events organized or sponsored by CDLA is entirely voluntary;
6. I consent to administration of first aid and other medical treatment in the event of injury or illness and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment;
7. The Releasees reserve the right, in their sole determination, to postpone, cancel, or modify the Events due to weather conditions or other factors beyond the control of the Releasees that might affect the health and/or safety of the participants;
8. I consent to CDLA using any photos, other images taken of me, and any results of conference related activities that occurred during the conference for media outreach efforts, promotional campaigns, various publications/communications, or other business purposes as determined by CDLA.
9. I hereby grant permission to use my personal information for contacting me and for promotion of the Events to include but not limited to; email, mail, text, and phone.

MINORS: IF UNDER 18 — SIGNATURE OF PARENT OR GUARDIAN (required)

The undersigned, referred to as the parent(s) and natural guardian(s) or legal guardian(s) on behalf of the minor does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to indemnify, save and hold harmless each and all of the parties herein referred to above as Releasees from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.