

## EXHIBIT A

### UNITED STATES OLYMPIC COMMITTEE'S WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION AT UNITED STATES OLYMPIC COMMITTEE'S CENTERS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION for the **United States Olympic Committee** ("USOC") permitting me to participate in any activity (the "Activity") on, at or organized by the Olympic Training Center in Colorado Springs, Colorado, Lake Placid, New York, or Chula Vista, California (collectively, the "OTC"), or other facility, I, for myself, my personal representatives, assigns, heirs, and next of kin:

(1) ACKNOWLEDGE, AGREE AND REPRESENT that (a) I am over the age of 18; (b) I am in good health; (c) understand the nature of the Activity; and that (d) I am qualified and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity;

(2) FULLY UNDERSTAND that: (a) ACTIVITIES MAY INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS; FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity;

(3) I willingly agree to comply with the stated and customary terms and conditions for participation, if, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.

(4) I consent to abide by the rules of conduct for guests of this OTC and understand that violations will result in full or partial forfeitures of the Activity.

(5) I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE UNITED STATES OLYMPIC COMMITTEE, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED IN WHOLE OR IN PART BY MY PARTICIPATION IN THE ACTIVITY FROM WHATEVER CAUSE, INCLUDING, WITHOUT LIMITATION, THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT AS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.

(6) This Waiver and Release of Liability shall remain valid for the entire Activity or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

(7) I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Agreement to Participate

I grant to the USOC representatives, or assigned chaperons of the Activity to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for me en route to or from or at the Activity site or hospital or other medical facility. Should a health emergency arise, medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge the following information is complete:

I am presently taking the following medication or pills: \_\_\_\_\_

I am allergic to the following (medicine, bee/insect stings, latex, other): \_\_\_\_\_

**I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

Participant's Signature \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Participant's Parent's Signature (if Participant is under 18) \_\_\_\_\_

Participant's Parent's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_