**Participant Notice of Risk and Waiver**

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| **Activity Description** | Click or tap here to enter text. |
| **Start & End Dates** | Click or tap here to enter text. |
| **School/College** | Click or tap here to enter text. | **Department** | Click or tap here to enter text. |
| **Participant’s Name** | Click or tap here to enter text. |
| **Parent/Guardian Name(if participant is a minor)** | Click or tap here to enter text. |
| **Emergency Contact Name**  | Click or tap here to enter text. | **Phone** | **#1:**Click or tap here to enter text. |
| **#2:**Click or tap here to enter text. |

The University of Colorado welcomes you as a participant in this activity(ies). Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. **I understand and assume all associated risks of the designated activity. These risks include, but are not limited to:**

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| Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to natural occurrences beyond human control or influence, community spread disease, being in an urban environment on and off the campus, slips, trips, falls, inadequate or defective equipment, inadequate supervision or instruction, carelessness, horseplay and all other circumstances inherent to these activities/programs exist. This section needs to be tailored to fit the risks associated with the particular activities being offered. |

**I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including, if applicable, my use of equipment and facilities provided by the University of Colorado.**

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

Use of a privately owned vehicle, including the operation of or as a passenger, may be an option. The university does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for the privately owned vehicle. Operation of a privately owned vehicle is at the driver’s own risk and any damage or injury will be paid by the owner’s insurance.

Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted any form and manner without payment of fees.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student’s participation on behalf of said minor, as **permitted by *C.R.S. § 13-22-107*.**

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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| **Print Name of Participant** |  | **Date** |



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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| **Parent / Guardian for Minor Print Name** |  | **Date** |

