



UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description			
Start & End Dates			
School/College		Department	
Participant's Name			
Parent/Guardian Name (if participant is a minor)			
Emergency Contact Name		Phone	#1:
			#2:

The University of Colorado welcomes you as a participant in this virtual/in-person 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:**

FACULTY COMPLETE THIS SECTION WITH ANY NECESSARY SPECIFICS FOR THEIR COURSE FIELD TRIP/TRAVEL ACTIVITY.

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.

Automobile accidents could arise from inexperienced drivers, inability of drivers to safely operate a vehicle, mechanical failure of the vehicle, loads not being properly secured or coming lose from the roof racks or from moving around within the vehicle, passenger distractions, driver health/fatigue, severe weather conditions, collision with another vehicle or objects, road traffic accidents, or due to driver distractions, all of which can result in serious injuries or fatalities of drivers, passengers, pedestrians or other road users.

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 owners insurance.

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 participation on behalf of said minor, as **permitted by C.R.S. § 13-22-107.**

Print Name of Participant

Date

X

Participant Signature

Parent / Guardian for Minor Print Name

Date

X

Parent / Guardian for Minor Signature