



University of Colorado  
 Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

**Travel Agreement, Notice of Risk and Waiver of Responsibility**

Faculty/Staff Member Name \_\_\_\_\_

Program Name \_\_\_\_\_

Department and Supervisor \_\_\_\_\_

Dates of Travel \_\_\_\_\_

Name(s) and Age(s) of Family Members/Traveling Companions \_\_\_\_\_

The undersigned hereby acknowledge that it is their own free choice to participate in the designated trip. The non-employees signing below as Trip Participant acknowledge that they are not employees or agents of the University of Colorado and that they are not entitled to receive workers' compensation benefits, or any benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, and sick time or any other privileges or protections of an employee of the University of Colorado. In the event of an injury requiring medical care during the designated trip, the personal health insurance of the undersigned non-employees will be responsible for payment of medical services and care.

**The undersigned understand and assume all associated risks of the designated trip. These risks include, but are not limited to** (add risks specific to event here) \_\_\_\_\_

**The undersigned non-employees agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destructions of any personal property resulting from or arising out of participation in the designated trip. The undersigned non-employees also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of the designated trip.**

I hereby certify that I have read and understand the provisions above. For minor participants in the trip under 18 years of age, the parent or guardian by their signature below accepts the above terms and grants permission for the minor's participation in the designated trip as permitted by C.R.S. §13-22-107.

\_\_\_\_\_  
 Faculty/Staff Member Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Trip Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Trip Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Trip Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (for participants under age 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved By Department Supervisor Listed Above

\_\_\_\_\_  
 Date