



UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description	
Start & End Dates	
Participant's Name	
Parent/Guardian Name (if participant is a minor)	
Emergency Contact & Phone	

The University of Colorado welcomes you as a participant in the activities, including the use of University of Colorado facilities and equipment. Please read through the following important information.

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

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, being in an urban environment on and off the campus, inclement weather, slip and falls, inadequate or defective equipment, inadequate supervision or instruction, carelessness, horseplay, vehicle accidents and all other circumstances inherent to these activities/programs exist.

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 activities. 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 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.

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.**

Activity Participant	Date
Parent / Guardian for Minor	Date