

**COLORADO STATE UNIVERSITY  
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER**

Name of Camp/Clinic CSU SOFTBALL PLAYER CLINIC Date(s) \_\_\_\_\_

**Read this document completely before signing. Its effect is to release the University from any liability resulting from participation in the above-named camp/clinic and waives all claims for damages or losses against the University.**

In consideration of my being permitted by Colorado State University to participate in the above-named camp/clinic on the University's campus on the above-listed dates, I (please PRINT THE PARTICIPANT'S name) \_\_\_\_\_, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the State Board of Agriculture and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participating in and/or presence at the above listed activities.

I acknowledge that I am aware of the hazards and risks which may be associated with my participation in the above-named activities including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against the State Board of Agriculture and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.

\_\_\_\_\_  
Signature of Camper Date

I, (please PRINT PARENT name) \_\_\_\_\_, am the parent or legal guardian of the participant who is listed above. I have read and understand the provisions of this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver.

I further request and authorize the proper personnel of the above-named camp/clinic to refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

\_\_\_\_\_  
Signature of Parent or Guardian (Required) Date

**Parent info:**

\_\_\_\_\_  
Parent Name (please PRINT) Emergency Phone # Cell#

\_\_\_\_\_  
Parent Address City/State/Zip Medical Insurance Company

\_\_\_\_\_  
Medical Insurance Company Phone # Member ID # OR Policy #

\_\_\_\_\_  
Group ID # Medical Insurance Address/City/St/Zip