

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

Name of Activity: _____ Date(s) _____

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

In consideration of my being permitted by Colorado State University to participate in the above-named activity on the University's campus on the above-listed dates, I, _____ (printed name) the undersigned participant, 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 Board of Governors of Colorado State University System 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, (all of such persons and entities are identified below as "Released Parties") against all claims, demands, 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 participation 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.

In consideration of my being permitted by Colorado State University to participate at the Student Recreation Center and in Campus Recreation's Facilities, including the rock climbing wall and bouldering areas and all other programs & activities, I further acknowledge that I am aware of the hazards and risks which may be associated with my participation 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 Participant Date

**Signature Witness over 18 years of age (Participant must sign in the presence of the Witness)
If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) _____, am the parent of legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

Signature of Parent or Legal Guardian Date

In case of emergency, please contact:

Name (please PRINT) Emergency Phone # Cell#

Medical Insurance Company Medical Insurance Company Phone #

Policy Number Medical Insurance Address

Member ID # Group ID #

Parent / Guardian Signature Date