

University of Colorado at Colorado Springs
Release from Responsibility, Assumption of Risk and Waiver

Activity: _____ Date(s): _____

Participant: _____

Address: _____

Emergency Contact and Phone Number: _____

Note: If you choose not to participate in the activity associated with your course, an alternative activity will be provided.

Please circle the Freshman Seminar topic group in which you are enrolled:

Mating Game	Mindstorms	Homicide
CULTURE OF COOL	B.Y.O.B.	TEAM UP!!
UNREALITY	Tuesday Night at the Movies	Off and Running
Circle of Life	Head of the Class	Studio A
CRIME & PUNISHMENT	Killer Apps	LEADERSHOP
DRIVEN	METAMIND	You Majored in What?
Colorado Living & Recreation	Imagine	GRAY MATTERS
Numbers	25	Bookworms

I exercise my own free choice to participate in the above designated Activity. I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in the Freshman Seminar activity named above.

I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member 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, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for _____, (participant) for the duration of his/her participation in this Activity. I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this Activity.

Medical Health Insurance Company & Policy #: _____

If the participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

Participant Signature (Parent or Guardian if under 18) Date