

**University of Colorado at Colorado Springs**  
**RELEASE AND WAIVER OF LIABILITY**  
**Freshman Seminar – Off and Running Fall 2011**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I understand the Off and Running Seminar includes strenuous physical activity and exercise, and that as with any physical activity or exercise program there are risks involved, including increased heart stress and musculoskeletal injuries. By voluntarily participating in the Off and Running Seminar, I affirm that to my knowledge I have no limiting physical conditions or disability that would preclude my participation in physical activities or an exercise program.

A physician's examination is recommended for all participants with any exercise restrictions, including any heart problems, high blood pressure, chest pain, dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, or significant injury to any part of the body. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by the University of Colorado at Colorado Springs, its officers, directors, or employees.

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, 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, including death, arising from my participation in the Off and Running Seminar.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment on my behalf. I understand that should emergency medical treatment be necessary I will be responsible for all associated costs of such treatment.

I hereby affirm that I have read and fully understand the above statements and that by my signature below I agree to be bound by them.

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

\_\_\_\_\_  
Student Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Participant's Parent or Guardian (if under 18)

\_\_\_\_\_  
Date