

Department of Recreation Outdoor Program/ Club Sports Waiver

Club _____ **Student Number** _____
Name _____ **Birth date** _____
Local Address _____

Home Address _____

Emergency Contact _____

Year in School (1,2,3,4,Grad) _____ **Student, Staff, or Faculty** _____

Car Owners Please fill out the following information

In consideration of the University of Colorado's promise time for mileage traveled in connection with the use of my private motor vehicle to transport fellow students and/or other Recreation Center members to and from Club Sports/ Outdoor Program events. I hereby certify that I presently have a policy of insurance providing at least, and as a minimum, coverage of \$15,000 each person/\$30,000 each occurrence bodily injury, plus \$5,000 property damage, if split limit, or

Vehicle Information

Make: _____ **Model:** _____ **Year:** _____ **License Plate:** _____
Insurance Company: _____ **Policy #:** _____
Owner of Vehicle: _____ **Date:** _____

Outdoor Program/Club Sports Waiver

By my signature below, I hereby recognize and acknowledge that the Recreation Department of the University of Colorado does not carry special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by Wardenburg Student Health Center, that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in Outdoor Program/Club Sports activities. I further recognize that there are certain risks inherent in the participation in such recreational activities which I hereby voluntarily assume. Therefore, in consideration of my acceptance as a participant in such activities, I hereby release and discharge the University, its governing board, officers, staff, coaches, and other employees from all obligations, liabilities, claims, demands, costs and expenses, including attorney's fees, arising out of, or in any way connected with, any bodily injury sustained by the participant whether such injury results from the negligence of the aforesaid persons or from some other cause.

Signature _____
Printed Name _____
Date _____ **Witness** _____

Passenger Acknowledgement and Release Concerning Travel in Private Vehicles on University Business

By my signature below, I hereby acknowledge and recognize that transportation to and from Outdoor Program/Club Sports events will be provided by fellow students and/or other Recreation Center members and not by the University owned vehicles: that the owners of such vehicles will be reimbursed by the University policy and that such owners have certified that they carry such bodily injury and property damage as is required by Colorado law.

Accordingly, and in consideration of these transportation arrangements, I agree to accept such insurance coverage and hereby release the University of Colorado, its governing board, faculty, staff, and other employees from and injury including death, that may arise to me as a result of such travel.

Signature _____
Printed Name _____
Date _____ **Witness** _____

PLEASE SIGN AND READ THE BACK.....THANKS!!

Release from Responsibility, Assumption of Risk and Waiver

Name _____
Activity _____ Date _____
Address _____
Phone Number (_____) _____ Fax Number (_____) _____

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** _____
(Activity Name)

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.

REQUIRED	
Medical Health Insurance Company _____	Policy # _____
Emergency Contact/Phone _____	

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