CU South Denver Wild Outdoor Workshops

Notice to Participants of Risk and Waiver of Responsibility

Activity: GPS/Geocaching

Date Starting ______________________________________ Ending ___________________________________

Participant Name __________________________________

Parent/Guardian Name (if minor participant) __________________

Emergency Contact Names and Phone Numbers: _______________________________________________

Health History: Please list any medical conditions that you would like us to be aware of in case of emergencies.

_____________________________________________ _____________________________________________

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand and assume all associated risks of the designated activity. These risks include, but are not limited to: hiking or walking over uneven terrain with the possibility of slipping, tripping or falling on rocks, roots, logs, holes or other unintended obstacles; encountering brush, sticks and branches that may prick, scratch or irritate the skin; and encountering wildlife such as rattlesnakes that may bite. This list does not include all inherent risks but serves to provide examples and promote an understanding of the risks, any of which could result in injury, mental stress, permanent disability, or even death. Complications associated with exposure to weather (including extreme cold, wet or icy conditions, heat, sun, and lightning), altitude and physical exertion. Perils and hazards arising from unintended contact with others, including participants and members of the general public. Perils and hazards arising from unintended contact with both natural features such as rocks, trees, plants and animals, as well as man-made features such as posts and equipment. Perils and hazards arising from equipment failure or malfunction. Increased risk of harm due to delays in the delivery of emergency medical services in remote locations or due to reasons beyond the University of Colorado’s control.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Regents of the University of Colorado, a body corporate, its officers, administrators, agents, employees and students from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado and any emergency services that may be used for my benefit.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services, care and evacuation expenses for any injuries sustained during the designated activity.

Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted any form and manner without payment of fees.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms, by signing below, certify they are the parent or legal guardian and grants permissions for the student’s participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

____________________________________________________________________

Activity Participant Print Name and Sign Participant Age If Minor Date

______________________________ ______________________________ ______________

Parent/Guardian for Minor Date

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