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.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: DATE OF BIRTH (MO/DAY/YR): ADDRESS: LOCATION OF ACTIVITY(IES): DATE(S) OF ACTIVITY(IES): START DATE: END DATE: Check one:	
NAME OF INSURANCE CARRIER:	POLICY NUMBER:
I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, 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 that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.	
Colorado State University, and their members, officers, agen behalf, and the successors and assigns for any and all of the a demands, and causes of action whatsoever, whether present	of Governors of the Colorado State University System and its, employees, and any other persons or entities acting on their aforementioned persons and entities, against any and all claims, ly known or unknown, of any person who suffers any injury, as a result of my participation in and/or presence at the above
	of the provisions contained above, have carefully read them, careful deliberation, I voluntarily give my consent and agree to vaiver.
I HAVE READ, UNDERSTOOD AND AGREED TO THE Signature of Participant whose printed name appears above:	E ABOVE TERMS THIS DAY OF, 20
Signature If participant is under the age of 18, his or her parent or lo	
	, am the parent or legal guardian of the and the provisions of this document, and acting on behalf of the tivities described above, and I fully enter into and agree to the Waiver as authorized pursuant to C.R.S. section 13-22-107.
Signature of Parent or Legal Guardian (date)	Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)