



**University of Colorado
Science Discovery Wilderness Camps
INFORMED CONSENT AND RELEASE**

PLEASE PRINT NAME OF CAMP: _____ CAMP DATES: _____ Yr _____
STUDENT FULL NAME: _____
PARENT/GUARDIAN COMPLETING THIS FORM: _____ _____
RELATIONSHIP TO STUDENT: _____

I, the undersigned, recognize that participation in the referenced activity is strictly voluntary and that such participation does not in any matter establish an employer-employee or an agency relationship with the sponsor or the University of Colorado.

I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardians; in consideration of the request and permission to participate in the referenced activity hereby assume full responsibility for all risk of injury or loss which may result from my participation in the activity and hereby agree to hold harmless and release and forever discharge the sponsor and the Regents of the University of Colorado, their officers, agents, and employees from any and all claims and demands whatsoever, including but not limited to attorney's fees, which the undersigned, or any representative of the undersigned, may have by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from subsequent thereto, save and except that the above provisions shall not be applicable to intentional acts of the Sponsor or the Regents of the University of Colorado, the executors and administrators and for all of my family members.

I agree and acknowledge that activities such as hiking, camping, rock climbing, white-water rafting, horseback riding, cooking over stoves, and weather-related events may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and, understanding this and having discussed with the minor child listed below, I state to the best of knowledge that the undersigned minor child has no medical, physical, or mental health conditions which would hinder or prevent active participation or otherwise jeopardize the well-being of other students, participants, or staff in the referenced activity.

PLEASE NOTE: It is *strongly* recommended that each participant maintain some type of accident medical insurance for his/her own protection.

I HAVE HEALTH/MEDICAL INSURANCE WITH _____

POLICY# _____

OVER PLEASE

OVER PLEASE

OVER PLEASE

CU Science Discovery Wilderness Camps
Release Form

DID YOU COMPLETE, SIGN, AND DATE BOTH SIDES?

Camp _____ Print Student Name _____

STUDENTS MUST READ AND SIGN

I understand that the success of this trip requires working and living together cooperatively with all group members. **I agree that it is my responsibility to maintain a positive attitude and I will follow guidelines for the safety and well-being of the group as well as myself.** I will not bring items that might endanger myself or other participants such as knives of any kind, weapons and illegal drugs. TOBACCO use in any form IS NOT PERMITTED AT ANY TIME. Bringing or engaging in any of the above would result in my parents being notified and probable removal.

Signature of Student _____ Date _____ Age _____

PARENT OR GUARDIAN...PLEASE read carefully

MEDICAL

I give permission to Science Discovery staff to provide first aid or CPR to my child, at the level of their training, as necessary. I understand that emergency medical care will be summoned for my child should a life threatening emergency arise. It is understood that Science Discovery staff will make a conscientious effort to locate the emergency contact listed on the health form before any action is taken. If emergency medical treatment is required, such as an ambulance or helicopter evacuation, any cost incurred will be my financial responsibility. By my signature below, *I affirm that my child is in good health and that participation in the camp will in no way aggravate any condition/s present.* If in doubt, I will seek further medical advice.

PHOTO RELEASE

I DO _____ DO NOT _____ give my permission for my son/daughter to be photographed or video taped for promotional purposes.

DAMAGE, LOSS, THEFT

Personal loss, theft or damage to your personal equipment or property is not covered by camp or university insurance.

SPECIAL PICK UP ARRANGEMENTS

We cannot accommodate special pick up arrangements. All trips start and end on campus, unless otherwise noted.

REFUND AND CANCELLATION POLICY – Please Read Carefully

We highly recommend trip cancellation insurance, available from a travel agent. Withdrawal will result in a tuition refund minus \$150. After April 15 withdrawal will result in a tuition refund minus \$300 to cover incurred costs. If we can fill your space we will issue a refund minus \$150. If Science Discovery cancels your camp we will credit/refund the amount paid by you.

I have read and understand the above. I have also provided the most accurate information. I agree to notify Science Discovery of any changes prior to the trip. **I understand that safety will be stressed at all times and that my child must follow safety guidelines as set by instructors. I understand that I will be notified to pick up my child should he/she compromise the safety of the group or self, or be found with illegal drugs or weapons.** I also understand that it is my financial responsibility if my child willfully destroys or loses equipment belonging to CU Science Discovery.

Parents/Guardian Signature _____ Relationship _____ Date _____

Home Phone _____ Work Phone _____ Cell/pager _____