

**University of Colorado**

**Release from Responsibility, Assumption of Risk and Waiver**

Name \_\_\_\_\_  
Activity Shifting Frontiers Cross-Country Ski Trip Date March 25, 2007  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

I exercise my own free choice to participate in the above designated Activity. **I am aware that there will be steep conditions, cold and a small risk of avalanche and 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.**

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