

**University of Colorado  
Challenge Ropes Course  
Release from Responsibility, Assumption of Risk and Waiver**

Name \_\_\_\_\_  
Activity \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

**I exercise my own free will to participate in the University of Colorado Challenge Ropes Course. I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury such as, and not limited to, sprains, contusions, broken bones, exposures to weather such as sun, dust, wind and including death, damage to or loss or destruction of any personal property occurring in connection with, or arising out of, participation in the CU Challenge Ropes Course which may include climbing, running, jumping and potentially being 30-45 feet off the ground.**

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