

## **UNIVERSITY RISK MANAGEMENT**

Participant Notice of Risk and Waiver		
Activity Description	Linocut printmaking	
Start & End Dates		
Participant's Name		
Parent/Guardian Name (if participant is a minor) Emergency Contact & Phone		
University of Colorado facilities information.  I exercise my own free and volu facilities and equipment provide	and equipment. Please re intary choice to participated by the University of Col	at in this activity, including the use of ead through the following important e in the designated activity, including use of orado. I understand and assume all ks include, but are not limited to
cuts, slices, scrapes, spra		
or loss of, or destruction of a participation in the designate discharge the University of C	ny personal property re d activity. I also release olorado from all claims,	podily injury (including death), damage to sulting from or arising out of , waive, indemnify, hold harmless, and damages, and injuries arising out of my es provided by the University of
of Colorado promotional, educa	tional and research progr ed, distributed, reproduce	raphed and videotaped for use in University ams. Such audio, video, film and/or print d, broadcast, and/or reformatted in any
made available or sponsored by	the University of Colorac	ance for individuals participating in activities do. As such, you or your personal health vices and care for any injuries sustained
	dian accepts the above to	sions above. For participants under 18 erms and grants permissions for the ted by C.R.S. § 13-22-107.
Activity Participant		Date
Parent / Guardian for Minor		Date