



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Field Trip Participant Notice of Risk and Waiver

| | | |
|---|---|-----------------------------|
| Activity Description | Course Number: e.g. GEOL1020 | Section Number: e.g. 001 |
| Start & End Dates | Start Date: | End Date: |
| Participant's Name | | |
| Parent/Guardian Name (if participant is a minor) | <input type="checkbox"/> Check if minor | |
| Emergency Contact & Phone | Name: | Phone: |

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. **I understand and assume all associated risks of the designated activity. These risks include, but are not limited to:**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any activity/program. Understandably, not all hazards and dangers can be foreseen. Participants in a CU sponsored field trip must understand that depending upon the particular activity include but not limited to: dangers and injuries due to natural occurrences beyond human control or influence, exposures to community spread illnesses or diseases, trips, falls, sprains, strains, contusions, lacerations, fractures, broken bones, paralysis, concussions, high altitude and weather related exposures and illness, heat exhaustion, insect bites, hypothermia, mental anguish, emotional trauma, and all other circumstances inherent to these activities/programs.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.

Use of a privately-owned vehicle, including the operation or as a passenger, may be an option while participating in the off-campus trip activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as **permitted by C.R.S. § 13-22-107.**

Activity Participant

Date

Parent/Guardian for Minor

Date