

YOUR CELL PHONE #:	

## **Participant Notice of Risk and Waiver**

Activity Description	Participation in activities at the Mountain Reseasurrounding areas including Niwot Ridge and Valley Watershed	
Start & End Dates		
Participant's Name		
Parent/Guardian Name (if participant is a minor)		
Emergency Contact & Phone		
PLEASE SEE EMERGENCY Of exposure, extreme weather and wildland fires.  I agree to assume all risk of of, or destruction of any per designated activity. I also re Colorado from all claims, da	e University of Colorado. I understand and as isks include, but are not limited to EUIDELINE PACKET. Hazards include, but are not lightning, heat/sun exposure, frostbite, wildlife encountries of personal injury or loss, bodily injury (includes sonal property resulting from or arising out elease, waive, indemnify, hold harmless, and amages, and injuries arising out of my activity of Colorado.	limited to high altitude bunters, zoonoses, and ding death), damage to or loss of participation in the discharge the University of
available or sponsored by the	es not provide health insurance for individuals University of Colorado. As such, you or your pe edical services and care for any injuries sustain	ersonal health insurance will be
Safety Guidelines of the Mour	ad and understand the provisions above and han tain Research Station. For participants under 1 terms and grants permissions for the student's p. § 13-22-107.	8 years of age, the parent or
Activity Participant		Date

Parent / Guardian for Minor

Date