

**COLORADO STATE UNIVERSITY
CAMPUS RECREATION**

**VOLUNTARY PARTICIPATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, WAIVER OF
LIABILITY AND MEDICAL RELEASE**

READ THIS IMPORTANT LEGAL DOCUMENT COMPLETELY. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS RELEASE OF MY OWN FREE WILL.

Participant Name: _____ **CSU ID #:** _____

Date of Birth: _____

In consideration of the Board of Governors of the Colorado State University System, acting by and through Colorado State University, its directors, officers, agents, employees, volunteers, representatives and any other persons or entities acting on their behalf (“Colorado State University”) allowing me to participate in the Colorado State University Campus Recreation programs, and all related events and activities (the “Program”), I do voluntarily and willingly acknowledge and enter into the following agreement (“Release”).

I am exercising my own free choice to participate voluntarily in the Program and I promise to take due care during such participation. I hereby release, discharge, waive, indemnify and hold harmless Colorado State University, and any successors and assigns, for any and all claims and demands of any kind that arise from or relate to my participation in the Program. I acknowledge and understand that this Release releases and discharges Colorado State University from any and all liability and claims, including but not limited to any liability or claim by me or anyone else with respect to any bodily injury, personal injury, illness, death, property damage, or economic damage of any kind that may result from my participation, whether caused by me, a third party, the negligence of Colorado State University, or otherwise.

In choosing to participate in the Program, I understand that I will have the opportunity to engage in many activities, potentially including but not limited to use of, or participation in, the following: Rec Center facilities and equipment; Climbing Wall; Aquatics; Weight Lifting and Weight Training; Cardio; Intramural and Club Sports, such as basketball, soccer, volleyball, football, and softball; Racquet Sports, such as tennis and racquetball; Running; Stretching; Group Activity and Fitness Classes, such as kickboxing, Zumba, step, yoga, cardio, spin/cycling and martial arts; Fitness and Exercise Programs, including training, instruction, and Personal Training; and Outdoor Programs, such as rock climbing, hiking, backpacking, biking, mountain biking, fishing, kayaking, wilderness adventure, team building, and winter sports (skiing, skating and snowboarding). I further understand that I am free to choose those activities that I most enjoy and that my physician and I deem are safe for my participation. I understand that there are some discomforts and risks associated with physical activity, such as muscle soreness, strains, and sprains, as well as cardiovascular problems including abnormalities of blood pressure or heart rate, ineffective heart function, and, possibly heart attack or cardiac arrest and death. I understand that I should report promptly to my physician any signs or symptoms indicating any injury, abnormality or distress.

I acknowledge and understand that there are known and unknown hazards involved in my participation in the Program, including, but not limited to, pulled/strained muscles, dislocations, amputations, injuries or damages to head, teeth, joints and ligaments, cuts and bruises, concussions, sprains, broken bones, paralysis, exposure to outdoor elements, damage that can result from increased heart rate including heart attack or stroke, drowning, and death, as well as property or other damage. I also understand that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in the Program, I expressly and knowingly assume the risks of the hazards described herein, and any other known or unknown hazards involved in participating in the Program, and waive all claims against Colorado State University. I understand that I am solely responsible for any costs

arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the Program.

I declare that I am currently in good health and have not been diagnosed with a medical condition and/or heart condition that would disqualify me from participating in the Program. I understand that medical services or facilities may not be readily available during the Program. In the event of an emergency, I hereby authorize, consent and give my permission to Colorado State University to obtain medical treatment for me at the nearest hospital, medical facility, or doctor, at my sole expense. I further authorize appropriate Colorado State University personnel to treat any injury or illness as they think best for my welfare, if necessary.

If I use my private motor vehicle to transport myself, fellow students, and/or any other persons to and from any Program, I hereby agree to have insurance coverage for my vehicle and any passengers as required by law, and I hereby certify that I presently have a policy of vehicle insurance providing at least, and as a minimum, coverage levels required by applicable law. **FOR OFF CAMPUS PROGRAM USE ONLY (IM programs, Outdoor Trips, Sport Club travel, etc.):** I am aware that I can purchase accident insurance through Colorado State University and (check one) **have** or **have not** exercised my right to do so. I (check one) **do** or **do not** carry adequate accident and/or liability insurance from a source other than Colorado State University. The name of my insurance carrier is _____.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and that if any portion of this Release is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that Colorado State University has made no representation, statement or inducement, directly or indirectly, on which I rely, and that this Release contains the entire agreement between Colorado State University and me. I agree that this Release shall be governed by the laws of the State of Colorado, without regard to any conflict of law provisions. I fully understand and acknowledge that Colorado State University has never expressly or impliedly assumed any responsibility for my participation in the Program. On my own free will, I hereby personally assume all risks in connection with participation in the Program or any other activity connected therewith. This Release shall be binding upon me, my spouse, my children, my heirs, administrators, personal representatives and assigns, forever.

Read and acknowledged this ____ day of _____, _____.

Signature of Participant: _____

Participants Printed Name: _____

----- IF PARTICIPANT IS UNDER 18 - PLEASE COMPLETE BELOW -----

(NOTE: If participant is under the age of 18, their parent or authorized guardian must also sign this document.)

I, *(print name)* _____, certify that I am the parent/legal guardian of the participant who has signed above, or alternatively, that I am authorized to execute this document and to consent to its terms for the participant. I have read and understand the provisions of this document. I agree and consent to the individual participating in the Event, and I fully enter into and agree to this Release, individually and on behalf of the participant.

Signature: _____

Date: _____

Updated 3/8/2017