



ASU Waiver Form

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE ADAMS STATE UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER

In consideration of my being permitted by Adams State University to participate in the following activities:

_____ at the following location(s) _____ on _____ (date(s)), I, _____, a student at _____,

exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the State of Colorado acting through the Board of Trustees of Adams State University, and their 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, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-listed activities. I acknowledge that I am aware of any hazards and risks which may be associated with my participation in the above-named activities. I understand, accept, and assume those hazards and risks, and waive all claims against the State of Colorado acting through the Board of Trustees of Adams State University, and other persons as set forth above. 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 or conduct associated with the above-named activities. 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.

Read and executed this _____ day of _____, 20_____.

Signature (of person named above)

Witness

If student is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk and Waiver.

Signature of Parent or Legal Guardian

_____, 20_____
(Date)