

UNIVERSITY OF COLORADO AT BOULDER COLLEGIATE SPORT CLUBS RELEASE, ASSUMPTION OF RISK AND WAIVER

Club _____ Student # _____ - _____ - _____ Email _____

Name _____ Birthdate _____ Age _____

Local Address _____
 Street Apt/Room # City State Zip Phone #

Home Address _____
 Street Apt/Room # City State Zip Phone #

Emergency Contact _____
 Name Relationship Phone #

Year in School: _____ # Year(s) in Club: _____

Circle Gender: Male Female Circle One: Student Faculty Staff Rec. Ctr. Member

By my signature below, **I hereby recognize and acknowledge that the Recreation Services Department at the University of Colorado at Boulder does not provide health, medical, accident or travel insurance and I confirm that my personal medical plan covers club sport activities.**

I exercise my own free choice to participate in the above designated Collegiate Sport Club. I understand and assume all associated risks. **I further recognize that I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation which is inherent to the Collegiate Sport Club that I hereby voluntarily assume.** Therefore, in consideration of my acceptance as a participant in such Collegiate Sport Club I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member 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, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Collegiate Sport Club during practice, competition or travel.

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.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for the duration of participation in the Collegiate Sport Club program.

Print Name _____ Signature _____ Date _____

Print Name _____ Parent Signature _____ Date _____
 (if under 18)

****Please complete other side of form****