



Assumption of Risk Statement

Description of Organizational Activities: _____

In consideration of my being allowed to use the premises of Colorado School of Mines for organizational activities, I agree to release and not to sue the Colorado Board of Regents, Colorado School of Mines, the State of Colorado and their officers, regents, agents and employees. I also agree not to sue these entities and individuals for any injury, illness or property that I may sustain as a result of my participation in the above activities, and that result from causes beyond their control and without their fault or negligence.

If I am under the age of 18 years, I understand that I cannot participate unless my parent or guardian has signed below.

I have participated in these activities before, and I am fully aware of the risks and dangers involved. I am aware that unanticipated and unexpected events may occur while I am participating in or observing these activities that may result in injury to me. I assume all risk of injury, illness, and property damage that may be sustained by me in connection with these activities. I understand that my participation in these activities is voluntary.

This Release, Indemnity, and Assumption of Risk covers all events and occurrences associated with the Activities, including participation and observation. If I have any concerns about my health or ability to participate, I agree to discuss my concerns with my physician before deciding to participate.

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

Name of Participant: (Please Print) _____

Signature of Participant: _____ Date: _____

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: _____

Home Phone: _____ Work Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: _____ Phone: _____

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:

Signature of Parent or Guardian: _____ Date: _____