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

_____________________________________________________________________________________________________________________

STUDENT
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

In consideration of my being permitted by Colorado State University to participate in the following activities: GEOL 436: Geology Summer Field Course, at the following location(s): New Mexico and southwestern Colorado from May 25 to June 29, 2016:

I, (printed name) ___________________________________________________________________________, the undersigned student at Colorado State University, 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 Board of Agriculture and Colorado State University, and their members, 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 have been informed of 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 Board of Agriculture and Colorado 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 associated with the above-named activities.

I am aware that as a student of Colorado State University, I can purchase accident insurance through Colorado State University and have / have not exercised my right to do so. I do not / do carry adequate accident/health insurance from another source than through Colorado State University. The name of my insurance carrier is: _____________________________________________.

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 from Responsibility, Assumption of Risk, and Waiver.

Read and acknowledged this ______ day of ________________________, 20____.

Signature of person whose printed name appears above:

_________________________________________________________________________ ____________
Signature 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 Witness