

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN GEOL 436 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 July 6, 2026:

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 Colorado State University System Board of Governors and Colorado State University, and their members, officers, agents, employees, and any other person 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 Colorado State University System Board of Governors 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 also acknowledge that I will be responsible for any equipment assigned to me during the course and damage to or loss of equipment may result in additional charges to my student account. _____ (initial here)

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 on _____, 2026

Signature of person whose printed name appears above:

Signature

Witness

In case of emergency, please notify:

Name: _____ Relationship to student: _____

Phone number: _____ Email address: _____