



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Notice to Participants of Risk and Waiver of Responsibility

Activity 3rd National High School Taekwondo Championships

NOTE: IT IS CRITICAL THAT THIS DESCRIPTION BE CLEAR AND UNIQUE.

Date Starting 4/22/2016

Ending 4/24/2016

Participant Name _____

Parent/Guardian Name (if minor participant) _____

Emergency Contact Name and Phone Number _____

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as **permitted by C.R.S. § 13-22-107.**

Activity Participant

Date

Parent/Guardian for Minor

Date