University of Colorado

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UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description	**Humans vs. Zombies Weeklong**
Start & End Dates	**April 15 - 19, 2019, 9:00 am – 5:00 pm daily**
Participant's Name	
Emergency Contact & Phone	

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 understand and assume all associated risks of the designated activity. These risks include, but are not limited to personal injury or loss, bodily injury (including death), damage to or loss of or destruction of any personal property.**

Risks also include: slipping, falling, tripping, improper or malfunctioning equipment, weather related injury, physical contact with other participants.
I also understand it is my responsibility to avoid contact or harm to non-participants as a result of my actions during the event.

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