## Notice to Participants of Risk and Waiver of Responsibility

Parent/Guardian for Minor

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Event:   Promise to Play Every [	Day Date: Sunday June 5 <sup>th</sup> , 2016	Time Duration: 11:00am-3:00pm
Participant Name		
Parent/Guardian Name (if minor partic	cipant)	
Emergency Contact Phone Numbers		
of Metropolitan State Universimportant information.	sity of Denver facilities and equip	participant in this activity, including the use
		n the designated activity, including use of understand and assume all associated risks
	•	I to: rolled ankle, concussion, sun poisoning,
	n, other physical activity related inju	
		including death), damage to or loss of, or
-		g out of participation in the designated
		harge the Metropolitan State University of
	• •	activities, including my use of equipment
	Metropolitan State University of De	
•	-	th insurance for individuals participating in
•	·	University of Denver. As such, you or your
•	•	medical services and care for any injuries
sustained during the designated		, ,
I hereby certify that I have re	ead and understand the provisions	above. For participants under 18 years of
age, the parent or guardian acc	epts the above terms and grants pe	ermissions for the student's participation on
behalf of said minor, as permitt	ed by C.R.S. § 13-22-107.	
Askinika Daukinia aret	Data	
Activity Participant	Date	METROPOLITAN STATE UNIVERSITY™

Date

OF DENVER