



University of Colorado  
Colorado Springs

Department of Intercollegiate Athletics

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VOLUNTARY PARTICIPATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, WAIVER OF LIABILITY  
AND MEDICAL RELEASE FOR UCSS FIELDHOUSE

READ THIS IMPORTANT LEGAL DOCUMENT COMPLETELY. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS RELEASE OF MY OWN FREE WILL.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In consideration of the Board of Regents of the University of Colorado System, acting by and through the University of Colorado Colorado Springs, its directors, officers, agents, employees, volunteers, representatives and any other persons or entities acting on their behalf ("University of Colorado Colorado Springs") allowing me to work out in the University of Colorado Colorado Springs ATHLETIC FIELDHOUSE, I do voluntarily and willingly acknowledge and enter into the following agreement ("Release").

I am exercising my own free choice to participate voluntarily in the workout and I promise to take due care during such participation. I hereby release, discharge, waive, indemnify and hold harmless the University of Colorado Colorado Springs, and any successors and assigns, for any and all claims and demands of any kind that arise from or relate to my participation in the work out. 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 Colorado Springs.

The University of Colorado Colorado Springs does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado Colorado Springs. 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.

In choosing to participate in the workout, I understand that I will have the opportunity to engage in many activities, potentially including but not limited to use of, or participation in, the following: track and field activities and weight lifting. I further understand that I am free to choose those activities that I most enjoy and that my physician and I deem are safe for my participation. I understand that there are

some discomforts and risks associated with physical activity, such as muscle soreness, strains, and sprains, as well as cardiovascular problems including abnormalities of blood pressure or heart rate, ineffective heart function, and, possibly heart attack or cardiac arrest and death. I understand that I should report promptly to my physician any signs or symptoms indicating any injury, abnormality or distress.

I acknowledge and understand that there are known, and unknown hazards involved in my participation in the workout, including, but not limited to, pulled/strained muscles, dislocations, amputations, injuries or damages to head, teeth, joints and ligaments, cuts and bruises, concussions, sprains, broken bones, paralysis, exposure to outdoor elements, damage that can result from increased heart rate including heart attack or stroke, drowning, and death, as well as property or other damage. I also understand that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in the workout, I expressly and knowingly assume the risks of the hazards described herein, and any other known or unknown hazards involved in participating in the workout and waive all claims against the University of Colorado Colorado Springs. 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 work out.

I declare that I am currently in good health and have not been diagnosed with a medical condition and/or heart condition that would disqualify me from participating in the work out. I understand that medical services or facilities may not be readily available during the work out. In the event of an emergency, I hereby authorize, consent and give my permission to the University of Colorado Colorado Springs to obtain medical treatment for me at the nearest hospital, medical facility, or doctor, at my sole expense. I further authorize appropriate University of Colorado Colorado Springs personnel to treat any injury or illness as they think best for my welfare, if necessary.

If I use my private motor vehicle to transport myself, fellow students, and/or any other persons to and from any workout, I hereby agree to have insurance coverage for my vehicle and any passengers as required by law, and I hereby certify that I presently have a policy of vehicle insurance providing at least, and as a minimum, coverage levels required by applicable law.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and that if any portion of this Release is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that the University of Colorado Colorado Springs has made no representation, statement or inducement, directly or indirectly, on which I rely, and that this Release contains the entire agreement between the University of Colorado Colorado Springs and me. I agree that this Release shall be governed by the laws of the State of Colorado, without regard to any conflict of law provisions. I fully understand and acknowledge that the University of Colorado Colorado Springs has never expressly or impliedly assumed any responsibility for



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my participation in the work out. On my own free will, I hereby personally assume all risks in connection with participation in the work out or any other activity connected therewith. I acknowledge reading and knowing all of the policies, procedures, rules and regulations relating to the work out and understand that the safe and proper use of the work out is dependent upon carefully following such policies, procedures, rules and regulations. This Release shall be binding upon me, my spouse, my children, my heirs, administrators, personal representatives and assigns, forever.

Read and acknowledged this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Participant: \_\_\_\_\_

Participants Printed Name: \_\_\_\_\_

(NOTE: If participant is under the age of 18, their parent or legal guardian must also sign this document.)

I, (print name) \_\_\_\_\_, certify that I am the parent/legal guardian of the participant who has signed above, and that I am authorized to consent for the student. I have read and understand the provisions of this document. I agree and consent to the individual participating in the Event, and I fully enter into and agree to this Release, individually and on behalf of the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_