

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: DATE OF BIRTH (MO/DAY/YR): ADDRESS: LOCATION OF ACTIVITY(IES): DATE(S) OF ACTIVITY(IES): Check one: CSU STUDENT OR NON-STUDENT DESCRIPTION OF ACTIVITIES: ACT Human Rights Film	END DATE:	
INSURANCE INFORMATION: IF STUDENT: I am aware that as a student of Colorado S Colorado State University (if available) or through another i my right to do so.	State University, I can purcha	
NAME OF INSURANCE CARRIER:	POLICY NUMBER:	
I, the undersigned participant, exercising my own free chepromising to take due care during such participation, he activities and that I am aware of the hazards and risks we activities, including the risks of bodily injury, death or dam understand, accept, and assume all such hazards and risk Governors of the Colorado State University System, and understand that I am solely responsible for any costs arist through my participation in normal or unusual acts associate the cause of my injuries or damages, EVEN IF CAUSED caused the injuries or damages was not grossly negligent, or	ereby acknowledge that I have which may be associated with large to property which may occur, and waive all claims against Colorado State University, as sing out of any bodily injury of ated with the above-named accurage.	e been informed of the nature of the my participation in the above-named cur from known or unknown causes. I st the State of Colorado, The Board of and other persons as set forth above. I or property damage that I may sustain stivities, regardless of whose fault may
Further, I hereby indemnify and hold harmless The Board of State University, and their members, officers, agents, employed the successors and assigns for any and all of the aforemen causes of action whatsoever, whether presently known or other harm, to person or property or both, as a result of my	loyees, and any other persons tioned persons and entities, ag unknown, of any person who	or entities acting on their behalf, and gainst any and all claims, demands, and suffers any injury, disability, death or
I have had sufficient time to review and seek explanat understand them fully, and agree to be bound by them. Afte Release From Responsibility, Assumption of Risk, and Waiv	er careful deliberation, I volunt	
I HAVE READ, UNDERSTOOD AND AGREED TO THE AB Signature of Participant whose printed name appears abov		, 20
Signature	Witness over 18 years of age Witness)	e (Participant must sign in the presence of the
If participant is under the age of 18, his or her parent or lead, (printed name) above. I have read and I understand the provisions of this participant taking part in the activities described above. Responsibility, Assumption of Risk, and Waiver as authorized.	, am the parent or legal gua s document, and acting on beh /e, and I fully enter into and	d agree to the above Release From
C'	\\/:tmass such 10.0000 of age	/P