

**COLORADO STATE UNIVERSITY MOUNTAIN CAMPUS  
CHALLENGE COURSE  
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER**

PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE CSU MOUNTAIN CAMPUS CHALLENGE COURSE AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT.

I, \_\_\_\_\_, intend to participate on the Mountain Campus Challenge Course of Colorado State University, on \_\_\_\_\_ (date of activity).

In consideration of Colorado State University making arrangements for and permitting and assisting me in participating on the Challenge Course, I exercise my own free choice to participate voluntarily in activities on the Challenge Course, and promise to take due care during such participation. I hereby release and discharge, indemnify and hold harmless, the University Board of Governors and Colorado State University, Mountain Campus, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the Mountain Campus Challenge Course.

Furthermore, I am aware that the CSU Mountain Campus is located at an elevation of 9,000 ft. (2743m) and understand the potential hazards of inclement weather and physical stress on cardiopulmonary function, including tachycardia (rapid heart rate) and possible sudden cardiac arrest. I am also aware that the Challenge Course in which I intend to participate may include other occurrences beyond human control, creating hazards, which could place me in perilous situations. Although rare, these hazards can include cable and rope burns, sprained joints, muscle pulls, twisted knees, back strains, shoulder and finger dislocations, neck injuries, skin abrasions, broken fingernails, sunburn and splinters, psychological trauma, as well as other hazards and perils not specifically named herein.

I acknowledge that I have been informed the hazards and risks which may be associated with my participation on the Challenge Course; I understand, accept, and assume those hazards and risks, and waive all claims against the University Board of Governors and Colorado State University, and other persons as set forth above. 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 CSU Mountain Campus Challenge Course.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk, and Waiver.

Today's Date: \_\_\_\_\_

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

**If Participant is under the age of 18, her/his parents or legal guardians must also sign:**

I/We (printed name) \_\_\_\_\_ are the legal guardians of the participant who has signed above. I/We have read and understand the provisions of this document. I/We consent to the student or non-student participating in the activity described above, and I/We enter into and agree to the above Release of Responsibility, Assumption of Risk and Waiver.

\_\_\_\_\_  
SIGNATURE OF PARENT (S)/LEGAL GUARDIAN (S)

\_\_\_\_\_  
DATE

**MOUNTAIN CAMPUS CHALLENGE COURSE PARTICIPANT HEALTH INFORMATION**

The information provided on this form is confidential.

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone (if you know it): \_\_\_\_\_

**MEDICAL INFORMATION** Age: \_\_\_\_\_ Approx. Height: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

Are you taking any **medication**? Describe:

Are you **allergic** to anything? Describe:

Do you or anyone in your family have a history of **heart problems**? Describe:

Do you have a history of **respiratory problems/asthma**? Describe:

Do you have any **pre-existing conditions** we should know about? Describe:

**Note:** Research has demonstrated that challenge course activities can raise heart and respiration rates in participants. People with a history of heart and respiratory problems can be placed at extreme risk. If you have any heart or respiratory history, you must consult your physician prior to participating on the Challenge Course.

**My signature below indicates that I understand that:**

1. The Challenge Course involves physically and mentally demanding activities at 9,000 ft.
2. Participation has certain risks including but not limited to: elevated heart rates, bruises, scrapes, sunburn.
3. I will be called upon to support others both physically and emotionally.
4. Elements of the course take place 10' - 35' in the air.
5. I believe that I (my child/ward) am in good health, and I affirm that my (child's/ward's) participation in the Challenge Course activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice.
6. The information I have provided on this form is current, factual and complete.

SIGNATURE: _____
DATE: _____
Parent/Guardian, if you are under 18: _____
In the event of a non-life threatening injury to my child, you have my permission to medically treat him/her without my being present.
Signature of parent or guardian: _____ Date: _____

**COLORADO STATE UNIVERSITY – CSU MOUNTAIN CAMPUS**

**PLEASE 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 AT THE CSU MOUNTAIN CAMPUS, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.**

In consideration of my being permitted by Colorado State University to participate in Ram Connect: Mountain at the CSU Mountain Campus, Colorado State University, Fort Collins, CO.

I, \_\_\_\_\_ (printed name), the undersigned participant, exercising my own free choice to participate voluntarily in the above named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, (all of such persons and entities are identified below as "Released Parties") against all claims, demands, causes of action whatsoever either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-listed activities.

I acknowledge that I have been informed of major hazards and risks including but not limited to: sprains, strains, dislocations, amputations, cuts, bruises, breaks, teeth (loosened/broken/knocked out), head injuries, paralysis, exposure to outdoor elements resulting in injury, risks associated with hiking activities, death, and other risks normally associated with my participation in the above-named activities. I understand, accept, and assume those hazards and risks, and waive all claims against The Board of Governors of the Colorado State University System and Colorado State University, and other persons as set forth above. 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 above-named activities.

Furthermore, I am aware that the CSU Mountain Campus is located at an elevation of 9,000 ft. (2,750 m.) and understand the potential hazards of inclement weather and physical stress on cardiopulmonary function, including tachycardia (rapid heart rate) and possible sudden cardiac arrest. I am also aware that the CSU Mountain Campus Challenge Ropes Course in which I intend to participate as part of Ram Connect: Mountain may include other occurrences beyond human control, creating hazards which could place me in perilous situations. Although rare, these hazards can include cable and rope burns, sprained joints, muscle pulls, twisted knees, back strains, shoulder and finger dislocations, neck injuries, skin abrasions, broken fingernails, sunburn and splinters, psychological trauma, as well as other hazards and perils not specifically named herein.

I understand that by signing this release I have given up all future liability claims by me against the Released Parties. I also understand that even if this release were not signed, my assertion of such claims would have to be based on legally recognized wrongful acts or omissions of the Released Parties and that they are in no way insurers of my safety. I also understand that because the University and its governing board are state institutions, several limitations and exclusions exist with respect to liability of the Released Parties. Therefore, I have determined whether I have adequate separate personal insurance to cover all harm that I may suffer due to participation in this activity and I have obtained all insurance protection that I want.

**PARTICIPANT’S FULL NAME:** \_\_\_\_\_ **DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_\_

**I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE TERMS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

Signature of Participant whose printed name appears above.

\_\_\_\_\_  
Signature

**If participant is under the age of 18, their parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Ram Connect: Mountain**

**Participant Information and Medical History**

Today's Date \_\_\_\_\_

Complete as fully as possible. Please print clearly. This information is confidential and will not be released outside of the Ram Connect: Mountain program without your permission.

**Personal Information:**

Name \_\_\_\_\_  
(last) (first) (MI)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone numbers(s) Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Approx. Height \_\_\_\_\_ Approx. Weight \_\_\_\_\_

**In Case of Emergency Notify:**

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Medical information:**

Please note that withholding or falsifying medical information can jeopardize your safety and the safety of others.

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Do you have any disabilities or prior injuries which might affect your participation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

Have you had a recent operation that might affect your participation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any allergies to medications, insects, or foods: \_\_\_\_\_

Please mention any activities that you should not participate in and/or any potential problems you might encounter at high altitude and/or with strenuous exercise.

Please rate your personal fitness level

(low) 1 2 3 4 5 6 7 8 9 10 (high)

List any concerns you might have about the experience: \_\_\_\_\_

**Liability Information:**

You are planning to participate in activities which have inherent risks (see the Waiver and Assumption of Liability Form for complete details). In addition to those risks is the possibility that professional medical assistance and/or professional evacuation may be hours away should a medical emergency arise. By reading and signing this form you agree to hold harmless Orientation and Transition Programs, CSU Mountain Campus, and Colorado State University, as well as its employees and assigns, from any and all liability for injuries that are incurred or that may be incurred by you or your property as a result of delay in receiving professional medical attention. Furthermore, you agree to inform the staff on your trip of any medical condition which you now have that might create a medical problem while on the trip.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or guardian (if under 18)

\_\_\_\_\_  
 Date