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 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 the Next Step Mountain Experience Outdoor Orientation at CSU’s Pingree Park campus with Colorado State University, Fort Collins, CO.

I, ______________________________, 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 above-named activities.

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

I, ______________________________, 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
Next Step Mountain Experience Outdoor Orientation  
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 Preview Mountain Experience Program without your permission.

**Personal Information:**
Name ____________________________________________
Address __________________________________________
City, State, Zip ______________________________________
Phone numbers(s) Home__________________ Work__________
Email Address ______________________________________
Age ______ Birth Date ______ Male/Female _____ Height ______ 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, Pingree Park 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