



UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description	2022 Science Olympiad State Competition
Start & End Dates	April 2, 2022
Participant's Name	
Parent/Guardian Name (if participant is a minor)	
Emergency Contact & Phone	

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. **I understand and assume all associated risks of the designated activity. These risks include, but are not limited to**

Students will be walking to different classrooms to participate in event competitions. Some of the events will take place in laboratories. All safety rules must be followed by the students when using lab equipment. Each student should be aware that campus police can be reached by calling 719-255-3111.

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.

Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

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

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as **permitted by C.R.S. § 13-22-107.**

Activity Participant	Date

Parent / Guardian for Minor	Date
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