

WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT	
Department:	
Course:	Term/Year:
Activity (if applicable):	
Instructor:	
Student/Participant Name:	700#:
granting me permission to participate in the a participation is conditioned upon my execut acknowledge, recognize and assume the risks activities connected with the course and/or accept full responsibility for any and all injuries in the course and/or activity and release	bove-referenced course and/or activity, and with the understanding that such ion of this waiver and release, for myself, my heirs and assigns, I hereby involved in the course and/or the activity and any risks inherent in any other tivity in which I may voluntarily participate. I expressly assume the risk of and (including death) and accidents which may occur as a result of my participation from liability the State of Colorado, Colorado Mesa University and its artment, and all of the officers, directors, agents, representatives, and
ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DURINGERSITY AND ITS DIRECTORS, AGENTS, REPRESENTATIVES, AND INCLUDING ATTORNEYS' FEES AND COSTS, W	RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OF DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA DEPARTMENT, AND ALL OF THE OFFICERS, TRUSTEES DEMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO STICIPATION IN THE COURSE AND/OR ACTIVITY.
this waiver shall be in the City and County of	with the laws of the State of Colorado, and venue for any action related to Denver, Colorado. This waiver is intended as the complete integration of all or or contemporaneous addition, deletion, or other amendment hereto shall embodied herein in writing.
	IT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OF THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE NAGREEMENT.
Signature of Student/Participant	Date
Signature of Parent (if participant is under 18 years of age)	Date