



**Independent Contractor
Liability Release Form**

I, _____, am an independent contractor who
(printed name of independent contractor)
has agreed to provide services for Colorado Mesa University (CMU).

As an independent contractor, I understand and agree that I am not an employee of CMU and that I am not insured under the CMU Workers' Compensation Policy. Therefore, any injuries I may incur during the performance of my work as an independent contractor are NOT covered by workers' compensation insurance. In the event of an injury requiring medical care, I, or my personal health insurance, will be responsible for payment of all medical costs. I further understand that I am not covered by CMU's liability insurance, nor may I be entitled to protection from liability under the Colorado Governmental Immunity Act.

With full comprehension of the potential consequences of this decision, I hereby assume all risk of injury to myself and my property which I may suffer as a result of my service as an Independent Contractor at Colorado Mesa University. On behalf of myself as well as my heirs, administrators, executors, and assigns, I hereby release and forever discharge the State of Colorado, and Colorado Mesa University, as well as its trustees, officers, agents, and employees, from any and all claims, demands, and causes of action, of whatever kind or nature, either in law or in equity, arising from, or in any way connected with, injuries sustained by me or damages caused by me, in connection with my service as an Independent Contractor performing services for Colorado Mesa University.

I hereby acknowledge that I have carefully read this Liability Release Form, understand the contents thereof, and am executing it voluntarily of my own free will.

Signature of Independent Contractor

Date

Witness, Department Sponsor

Date