



Community Education Center  
 2508 Blichmann Ave. Grand Junction, CO 81505  
 970.255.2800 (o) 970.255.2650 (f)



Marketing and Student Recruitment  
 1100 North Ave. Grand Junction, CO 81501  
 970.248.1412(o) 970.248.1076(f)

Course: Summer Camp @ WCCC, CMU (circle one) Term/Year: Summer 2023

Student/Participant Name:  Birth Date:

**WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT**

In consideration of the State of Colorado, Colorado Mesa University/Western Colorado Community College and its **Summer Camp** granting me permission to participate in the above-referenced course, and/or activity, and with the understanding that such participation is conditioned upon my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the course and/or the activity and any risks inherent in any other activities connected with the course and/or activity in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the course and/or activity and release from liability the State of Colorado, Colorado Mesa University/Western Colorado Community College and its **Summer Camp**, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

**I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OR ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY/WESTERN COLORADO COMMUNITY COLLEGE AND ITS SUMMER CAMP, AND ALL OF THE OFFICERS, TRUSTEES, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE COURSE AND/OR ACTIVITY.**

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

**THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.**

Signature of Student/Participant

Date

Signature of Parent (if student is under 18)

Date



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**MEDIA RELEASE FORM FOR MINORS**

I,  (parent/guardian), grant my permission for Colorado Mesa University to use the name, likeness, image, voice, and/or appearance of  (minor) as such may be embodied in any pictures, photos, video, recordings, audiotapes, digital images, and the like, taken or made on behalf of Colorado Mesa University. I agree that Colorado Mesa University have complete ownership of such pictures, etc., including entire copyright, and may use them for any purpose consistent with the mission of the University. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now knows or later developed, including the Internet. I acknowledge that said minor will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Colorado Mesa University and its agents from any and all claims which arise out of or are in any way connected with such use.

- I have read and understood the consent and release.
- I give my consent to Colorado Mesa University for the aforementioned purposes.
- I DO NOT give my consent to Colorado Mesa University for the aforementioned purposes.



Parent/ Guardian Signature

Date



Minor's Name

Date of Birth