

CSU Pueblo 2022 Summer Camps Release and Waiver

Read this document completely before signing. Its effect is to release the University from any liability resulting from participation in any of Colorado State University Pueblo Athletics Summer camp/clinic/activity and waives all claims from damages or losses against the University. In consideration of my being permitted by Colorado State University Pueblo to participate in any Colorado State University Pueblo Athletics camp/clinic on the University's campus on the specific dates, I, exercising my own free choice to participate voluntarily in any CSU Pueblo camp/clinic/activity, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the Board of Governors and Colorado State University Pueblo, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and cause of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at any 2021 CSU Pueblo Summer Camp/Clinic/Activity. I acknowledge that I am aware of the hazards and risks which may be associated with my participation in any CSU Pueblo Summer Camp/Clinic/Activity including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against the Board of Governors and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with any CSU Pueblo Athletics Summer Camps/Clinic/Activity. I am the parent or legal guardian of the participant who is listed below. I have read and understand the provisions in this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver. I further request and authorize the proper personnel of CSU Pueblo Athletics Summer Camp/Clinic/Activity to refer to an appropriate medical facility, for treatment or illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

Camper Name (Print)

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Date