PARTICIPANT WAIVER OF LIABILITY ASSUMPTION OF RISK & INDEMNIFICATION AGREEMENT

1. In consideration of being permitted to participate in the activities of the above-named club sport team (hereinafter “Team”), I, for myself, and on behalf of my heirs, personal representatives and assigns, do hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Colorado School of Mines, and its Board of Trustees, officers, employees, agents, and representatives, from any and all liability for any and all damages, losses or injuries to persons or property, which arise out of, occur during or result from my participation in Team activities.

2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems that would preclude or restrict my participation in Team activities. I am fully aware of the risks and hazards associated with participating in this Team’s activities, and I understand that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I understand that specific risks vary depending on the level and nature of the activity, and can range from minor personal injuries such as scratches, bruises, and sprains, to major injuries such as eye injuries and back or joint injuries, or catastrophic injuries resulting in paralysis or death. I understand that my participation in this Team’s activities is purely voluntary, and notwithstanding the risk of injury to my person and property, I elect to participate in the Team activities, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, AND PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of my participation in such activities.

3. I represent and affirm that I have sufficient health insurance coverage to provide for and pay any medical expenses that may directly or indirectly result from my participation in Team activities and competitions. I understand that the Colorado School of Mines provides no insurance coverage and does not take responsibility for the payment of any such medical expenses.

4. I agree to INDEMNIFY AND HOLD HARMLESS the Colorado School of Mines, its Trustees, officers, employees, agents, and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney’s fees, that may be incurred as a result of my participation and involvement in Team activities.

5. I understand and agree that when I voluntarily furnish transportation to or from Team activities and competitions in my privately owned vehicle, I will be responsible for any personal injury to myself, my passengers, or other persons, or damage to my personal property or the property of others that may be incident to such transportation.
6. I further understand that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado, and that if any portion hereof is held invalid, it is understood and agreed that the remaining terms shall continue in full legal force and effect.

7. Nothing in this agreement shall be construed to waive, limit, or otherwise modify any governmental immunity that may be available to the State of Colorado, Colorado School of Mines, and their officers, officials, employees, agents and representatives under the Colorado Governmental Immunity Act, Colorado Revised Statutes § 24-10-101, et seq.

8. By my signature below, I acknowledge and represent that I have read this WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, fully understand and accept its terms, and sign it voluntarily.

_______________________________________________  ____________
Participant Signature                      Date

_______________________________________________  ____________
Signature of Participant’s Parent or Guardian Date
(if Participant is under the age of 18)

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**Medical Information:**
Health Insurance Company: ______________________________
Policy #: ________________________________  Phone: ________________________________
Allergies: _________________________________________________
Current Medications: _________________________________________________
Special Health Needs: _________________________________________________

**Emergency Medical Authorization:**
I, the undersigned, do hereby authorize Colorado School of Mines and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ___________ to May 31, 2013.

I am 18 years of age or older, have read the above authorization, and confirm that the information contained herein is true and accurate.

_______________________________________________  ____________
Signature of individual providing authorization                      Date