

COLORADO STATE UNIVERSITY DEPARTMENT OF ATHLETICS

**VOLUNTARY PARTICIPATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, WAIVER OF
LIABILITY AND MEDICAL RELEASE**

READ THIS IMPORTANT LEGAL DOCUMENT COMPLETELY. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS RELEASE OF MY OWN FREE WILL

Name: _____

Date of Birth: _____

Activity: Cheer/ Poms Audition Clinics

Date(s): Saturday, March 29th, 2025

In consideration of the Board of Governors of the Colorado State University System, acting by and through Colorado State University for the benefit of the Department of Athletics, its directors, officers, agents, employees, volunteers, representatives and any other persons or entities acting on their behalf ("Colorado State University") allowing me to participate in the clinics & tryouts, on the date(s) listed above and all related events and activities, including activities on the Colorado State University campus (the "Event"), I do voluntarily and willingly acknowledge and enter into the following agreement ("Release").

I am exercising my own free choice to participate voluntarily in the Event and I promise to take due care during such participation. I hereby release, discharge, waive, indemnify and hold harmless Colorado State University, and any successors and assigns, for any and all claims and demands of any kind that arise from or relate to my participation in the Event. I acknowledge and understand that this Release releases and discharges Colorado State University from any and all liability and claims, including but not limited to any liability or claim by me or anyone else with respect to any bodily injury, personal injury, illness, death, property damage, or economic damage of any kind that may result from my participation, whether caused by me, a third party, the negligence of Colorado State University, or otherwise.

I acknowledge and understand that there are known and unknown hazards involved in my participation in the Event, including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, damage that can result from increased heart rate including heart attack or stroke, and death. I also understand that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in the Event, I expressly and knowingly assume the risks of the hazards described herein, and any other known or unknown hazards involved in participating in the Event, and waive all claims against Colorado State University. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the Event.

I declare that I am currently in good health and have not been diagnosed with a medical condition and/or heart condition that would disqualify me from athletic competition or from participating in the Event. I understand that medical services or facilities may not be readily available during the Event. In the event of an emergency, I hereby authorize, consent and give my permission to Colorado State University to obtain medical treatment for me at the nearest hospital, medical facility, or doctor, at my sole expense. I further authorize appropriate Colorado State University personnel to treat any injury or illness as they think best for my welfare, if necessary.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and that if any portion of this Release is declared invalid, for

whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that Colorado State University has made no representation, statement or inducement, directly or indirectly, on which I rely, and that this Release contains the entire agreement between Colorado State University and me. I agree that this Release shall be governed by the laws of the State of Colorado, without regard to any conflict of laws provisions. I fully understand and acknowledge that Colorado State University has never expressly or impliedly assumed any responsibility for my participation in the Event. On my own free will, I hereby personally assume all risks in connection with participation in the Event or any other activity connected therewith. This Release shall be binding upon me, my spouse, my children, my heirs, administrators, personal representatives and assigns, forever.

You must describe ANY preexisting medical conditions or any special instructions (such as present medications or allergies):

Signature of Participant: _____ Date: _____

(NOTE: A parent or legal guardian must also sign this document if participant is under 18 years of age.)

I, *(print name)* _____, certify that I am the parent/legal guardian of the participant who has signed above, and that I am authorized to consent for the participant. I have read and understand the provisions of this document. I agree and consent to the participant's involvement in the Event, and I fully enter into and agree to this Release, individually and on behalf of the participant.

Signature: _____ Date: _____

