



Participant Notice of Risk and Waiver

Involving the Following Locations:

UC Health, Steadman Hawkins Clinic Denver (CU Sports Medicine)
8200 E. Belleview Avenue Ste. 615
Greenwood Village, CO 80111
303-694-3333 (P) 303-694-9666 (F)

UC Health, Steadman Hawkins Clinic Denver (CU Sports Medicine)
10103 RidgeGate Parkway Ste. 110
Lone Tree, Colorado 80124
(303) 586-9500 (P) (303) 586-9490 (F)

CU Sports Medicine Center and Performance Center
2150 Stadium Drive
Boulder, CO 80309
303-315-9900 (P) 303-315-9902 (F)

Table with 2 columns: Activity Description, Hands-off observation with orthopedic faculty and clinicians. Rows include Start & End Dates, Participant's Name, Parent/Guardian Name, and Emergency Contact & Phone.

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand and assume all associated risks of the designated activity. These risks include, but are not limited to:

- All potential risk associated with participating in hands-off observation in a clinical space.
All potential risk associated with being present in a clinical space consisting of various equipment including but not limited to the following types: exercise weights, equipment, and machines (e.g. motorized treadmills, cycle ergometers, resistance training equipment, etc.); large clinical apparatuses; aquatic therapy spaces and related mechanisms; etc.

- ❖ All potential risk associated with agreeance at the party member's consent to limit activity to hands-off observation while in the clinical space.
- ❖ All potential risk associated with any activity outside of hands-off observation.
- ❖ All potential risk associated with exposure to any additional risks in the clinical space that may or may not be listed here. There is a risk of injury when participating in any activity/program and not all hazards and dangers can be foreseen. Should the party member find him/herself exposed to any additional or aforementioned risks, he/she will assume full responsibility of their exposure and whatever consequences may result from this exposure.

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**I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.**

Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as **permitted by C.R.S. § 13-22-107.**

Activity Participant	Date
Parent / Guardian for Minor	Date