

**University of Colorado Denver**  
**Experiential Learning Release from Responsibility, Assumption of Risk and Waiver**

Name \_\_\_\_\_  
Activity \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

The University of Colorado Denver Experiential Learning Center wishes to provide students with opportunities for learning and serving through off-campus experiences, including service-learning courses, internships, cooperative education, and volunteering.

I understand that my participation in the off-campus college program specified above may involve risks of physical harm and injury. I exercise my own free choice to participate in the above designated Activity. **I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in**

\_\_\_\_\_ .  
(Activity Name)

I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member 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, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

Transportation to the community service site is not covered by the University of Colorado Denver's insurance unless students are in a university vehicle.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver. **I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this above mentioned Service Learning Activity.**

**This document has been signed voluntarily and with full understanding.**

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PARENTAL/GUARDIAN CONSENT**

If the participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

\_\_\_\_\_  
Printed Name and Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**IN CASE OF EMERGENCY PLEASE CONTACT:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Secondary Contact Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number