

FORT LEWIS COLLEGE
AGREEMENT TO PARTICIPATE AND RELEASE

ACTIVITY _____ **COLLEGE SPONSOR** _____
(e.g., conference name, field trip name) (e.g., ASFLC, Outdoor Pursuits)

I have read a description of the activity, and am aware that participation in the activity of

(e.g., skiing, rock climbing, kayaking, traveling)

can be dangerous and may involve RISK OF INJURY or DEATH. I understand that by participating in the activity identified above, I may be exposed to such risks and dangers, such as Acts of God, inclement weather, environmental conditions, equipment malfunction, acts of a third party, etc. I further understand that my participation in this activity, as well as travel to and from related events, may result in serious injury and may impair my future abilities to earn a living or to engage in other business, social and recreational activities. Given all of these risks, however, I still intend to participate in this activity.

By my signature below, I hereby release and hold harmless the State of Colorado, the Board of Trustees for Fort Lewis College, and Fort Lewis College, its officers, faculty, employees and agents (collectively Fort Lewis College), from any and all liability that may arise from my participation in the above-referenced activity. I further agree not to sue, or otherwise assert claims, against Fort Lewis College arising from my participation in the above-referenced activity. I further understand and represent that:

1. This document has specific legal implications and I have had the opportunity to have counsel review this document before I have signed;
2. (Check only one)
____ I am eighteen years of age or older, and of sound mind
(Parent/Guardian Signature & Notary Not Required);
- or -
____ I am under eighteen years of age and cannot participate without my Parent or Guardian's consent as required below (Parent/Guardian Signature & Notary Required);
3. While participating in this activity, I am subject to all Fort Lewis College policies and procedures, including the Student Conduct Code; I will follow directions and guidelines from Fort Lewis College staff.
4. I have completed the reverse side regarding emergency contact information.

Fort Lewis College Student - Signature

Printed Name

Date

Parent/Guardian - Signature (if required, must be notarized)

Printed Name

Address/Phone

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____, by _____

My Commission Expires: _____

Notary Public

- over -

TO BE COMPLETED BY STUDENT PARTICIPANT:

Emergency Contact Information

******Please print all information below******

FORT LEWIS COLLEGE STUDENT NAME: _____

NAME AND TELEPHONE NUMBER OF PERSON
TO CONTACT IN EVENT OF AN EMERGENCY:

NAME: _____

PHONE: (____) _____

INSTRUCTIONS TO ACTIVITY/TRIP COORDINATOR:

1) Encourage students to notify their families about this activity/trip. 2) Make certain that all individuals participating in this activity/trip complete both sides of this form. 3) Deliver all forms to your supervisor or leave where your supervisor is able to access. Your supervisor would be contacted by the Fort Lewis College Police Department in the event of an emergency.

This form can be used in two ways:

- A. For students participating in **multiple, regularly-scheduled, related activities** (*e.g., Club Sports; Extended Studies trips; and regularly-scheduled, course-related field trips*) that may require travel off campus. In these situations, **the form can be signed by the student once per term, before the first activity.**

The **activity/trip coordinator** must provide his/her supervisor with a separate list of locations of the regularly-scheduled activities and phone numbers at the sites (in case of emergencies), before the first activity.

- B. For students participating in **one-time activities** (*e.g., ASFLC conferences; Outdoor Pursuits trips; and one-time course-related field trips*) that may require travel off campus. In these situations, **the form must be signed by the student for each activity.**

The **activity/trip coordinator** must deliver signed forms to his/her supervisor or leave them where supervisor is able to access them. Please list on this form the location of the activity and the phone number at the site (in case of emergencies):

Location: _____ Phone Number: _____

Leaving: _____ (time) _____ (date)

Returning: _____ (time) _____ (date)