



UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver for Active Meeting Room / Room: AHCW 1200A-1

Activity/Meeting Description	
Start & End Dates and times, as applicable:	
Participant's Name	
Parent/Guardian Name (if participant is a minor)	
Emergency Contact & Phone	

The University of Colorado welcomes you as a participant in using the Active Meeting Room, including the use of University of Colorado facilities and equipment. The Active Meeting Room is offered as an alternative meeting space to encourage movement while meeting. Please read through the following important information:

I understand that this equipment is provided as an alternative to sitting and is not intended to be used for workouts. 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 chest pain, irregular heartbeat, heart attacks, strokes, dizziness, shortness of breath, asthma attacks, musculoskeletal injuries, bone or joint pain and other injuries up to and including death. If you have any condition that would put you at risk for an injury or illness please seek medical advice prior to engaging in any physical exercise.** We encourage you to seek medical guidance if you are not sure of the risks.

I understand that use of the Active Meeting Room equipment is optional, and that alternative seating is available in the Active Meeting Room.

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.

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

Activity Participant	Date
Parent / Guardian for Minor	Date