

**UNIVERSITY OF NORTHERN COLORADO**

In an effort to protect the health and safety of all participants in a University of Northern Colorado-sponsored program, each participant and/or guardian is asked to carefully read both sides of this form.

**HEALTH AND INSURANCE INFORMATION**

(Please print clearly or type)

NAME OF PROGRAM: Center for Honors, Scholars, and Leadership

DATE(S) OF PROGRAM: While Enrolled

FULL NAME OF PARTICIPANT\_\_\_\_\_

ADDRESS OF PARTICIPANT\_\_\_\_\_

1). Is participant currently taking any medication \_\_\_\_Yes \_\_\_\_No  
Please list medication(s) \_\_\_\_\_

2). Does participant have any known allergies or physical disabilities of which we should be advised? \_\_\_\_Yes \_\_\_\_No  
Please list \_\_\_\_\_

NAME OF LEGAL GUARDIAN, OR PERSON TO CONTACT IN CASE OF AN EMERGENCY.

PHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING HEALTH INSURANCE INFORMATION.

1). Does participant have health and medical insurance coverage? \_\_\_\_Yes \_\_\_\_No  
2). Name and address of insurance provider covering participant, or the persons responsible for payment of all medical costs:

3). Name of individual known to insurance company as the subscriber.

4). Policy number and expiration date\_\_\_\_\_

5). Responsible party of insurance deductible.

Name\_\_\_\_\_

Address\_\_\_\_\_

...over...

## RELEASE AND WAIVER

Should the participant be injured while residing or participating in any activity sponsored by the Honors Program of the University of Northern Colorado, or any of its auxiliary facilities:

1. Participant and/or Guardian hereby give consent for the University of Northern Colorado program directors or administrators to provide medical attention, transportation, or emergency medical services, to participant as warranted.

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Participant/Guardian Initials

2. If the program in which the participant is participating includes any academic or athletic evaluations, participant and/or guardian further consents to these evaluations, which pose unusual risks or hazards when customary safeguards are observed.

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Participant/Guardian Initials

3. If injured while traveling to or from the program by public, private or any other means of conveyance (other than University vehicle), participant and/or guardian and family agrees to waive any legal claims against the University of Northern Colorado, its Regents, officers, employees or agents, and any program personnel.

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Participant/Guardian Initials

4. Participant and/or Guardian agree and acknowledge that some or all activities may be of a hazardous nature and/or may include physical and/or strenuous exercise or activity and, fully understanding this risk, participant and/or guardian certify that to the best of their knowledge that participant has no medical, physical or mental health condition, which would prohibit his or her active participation in any program event.

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Participant/Guardian Initials

5. Participant and/or Guardian acknowledge that all listed information is correct to the best of their knowledge.

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Participant/Guardian Initials

6. Participant and/or Guardian understands that participation in this event is voluntary and that the potential risks have been explained to the Participant and/or Guardian, and that no guarantee of absolute safety has been made to either Participant or Guardian.

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Participant/Guardian Initials

7. Participant and/or Guardian hereby agree to hold harmless and release the Regents of the University of Northern Colorado, its officers, administrators, employees, students, and agents from and against any and all claims or liabilities arising out of or in any way connected with any physical or mental injury sustained by participant, caused by participant's own neglect during the course of the program.

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Participant/Guardian Initials

NOTE: This is an important legal document. Please read carefully before signing and if you have any questions, please contact your attorney.