



Office of Admissions

UNC Bike Tours
WAIVER AND RELEASE

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY OF NORTHERN COLORADO FROM ANY LIABILITY AND ALL CLAIMS FOR DAMAGES OR LOSSES RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW.

In consideration of being permitted by the University of Northern Colorado to participate in UNC Bike Tours on _____, I, _____, voluntarily and in exercise of my own free choice request permission to participate in the above-named activity or activities. During my participation in the activity or activities, I promise to act with due care during such participation, and hereby release and discharge, indemnify and hold harmless the State of Colorado acting through the Board of Trustees of the University of Northern Colorado, and their Trustees, 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, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-listed activity or activities.

I acknowledge that I am aware of any hazards and risks which may be associated with my participation in the above-named activity or activities. I understand, accept, and assume those hazards and risks, and waive all claims against the State of Colorado acting through the Board of Trustees of the University of Northern Colorado, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in or conduct associated with the above-named activity or activities.

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 certify that I am over the age of eighteen years, and have read and executed this document on the _____ day of _____, 201__.

Signature Witness

If participant is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and understand the provisions of this document, I consent to the person stated above participating in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk and Waiver.

Signature of Parent or Legal Guardian (Date)