READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

Permission for Youtl	h to Participate in El Paso County 4-H Mem	ber Outdoor Activities		
I understand that my	, child,	, will be	, will be participating in outdoor	
	so County 4-H Member enrolled in Geospati			
	ing Sports projects. Outdoor activities such a	•	= :	
	acking with livestock, white water rafting, ca			
= -	discussed the following inherent risks with	= -	sidde Hamerods Illiferene fisks.	
✓	✓ while white water rafting or canoeing, one may slip, or fall into the water;			
✓		ng in swimming one may ingest water, choke, or drown;		
✓	there may be possible contact with wild animals, snakes, and insects and that may bite, scratch, cause rashes or carry diseases;			
✓				
✓	✓ falling, tripping, or getting lost while hiking, backpacking, packing, and/or trail riding;			
✓				
✓				
	in eye) may occur due to rough terrain, minimally maintained natural settings, and unpaved trails;			
✓	hypothermia, sun burn, or dehydration due to variable environmental conditions; and,			
✓	other participants may act in a negligent manner which otherwise may result in harm to my child.			
	RELEASE FROM RESPONSIBILITY, ASSUMPT	·	,	
	RELEASE FROIVI RESPONSIBILITY, ASSOVIP	HON OF KISK, AND WAIVER		
PARTICIPANT'S FULL I	NAME:	Date of Birth		
Address:		State	ZIP	
care during such partinazards and risks which death or damage to and risks, and waive a colorado State Universocially injury or property activities, regardless of variations.	cipant, exercising my own free choice to participation, hereby acknowledge that I have been associated with my participation is property which may occur from known of all claims against the State of Colorado, The ity, and other persons as set forth above. Ity damage that I may sustain through my participations for the injuries or damages was not grossly negligent,	een informed of the nature of the columbers of the the nature of the natur	the activities and that I am aware of the including the risks of bodily injury, accept, and assume all such hazards orado State University System, and sponsible for any costs arising out of any ssociated with the above-named	
University, El Paso Cour behalf, and the success causes of action whats	emnify and hold harmless The Board of G nty Extension 4-H Program, their members, offi sors and assigns for any and all of the aforen soever, whether presently known or unknown or both, as a result of my participation in and/	cers, agents, employees, and any nentioned persons and entities, a n, of any person who suffers ar	other persons, or entities acting on their against any and all claims, demands, and my injury, disability, death or other harm,	
	ne to review and seek explanation of the provis y them. After careful deliberation, I volunt Waiver.			
f participant is under	the age of 18, his or her parent or legal gua	ardian must sign:		
. (printed name)		the parent or legal	guardian of the participant who hæm	
signed above. I have r	read and I understand the provisions of this	document, and acting on behalf	of the participant. I consent to the	
	in the activities described above, and I fully			

Signature of Parent or Legal Guardian

Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

Date