**Waiver of Rights, Assumption of Risks, and Release of Liability, Agreement**

Course Title & Section Instructor: Instructor name

Semester: Semester - year (academic year designation) CRN

By signing this form, I acknowledge that I am about to participate in a course, program, or activity that has inherent risks, hazards and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition and required exertion, risks from improper usage of equipment, and actions of other participants or spectators. I acknowledge that I am responsible for providing my own health and/or accident insurance while participating in this course, program or activity. I acknowledge that I may be photographed, videotaped, and/or recorded while engaged in this college related activity. I hereby consent to and authorize any use and reproduction by you, or anyone authorized by you, of any and all photographs/digital images/video

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the college, Pikes Peak State College (PPSC), The State Board for Community College and Occupational Education, The State of Colorado, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board or the college which may arise from such activities.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release there from may be made without the express written consent of Pikes Peak State College and State Board for Community Colleges and Occupational Education.

I, ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) S # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

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Signature (Student must be 18 yrs. Or older) Date

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Emergency Contact Name Emergency Phone

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Insurance Carrier Policy Number(s)

Student’s under 18 are not allowed to perform these skills, therefore cannot remain registered and/or participate in class.