

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

Permission for Youth to Participate in Pueblo Youth Naturally

I hereby give permission for _____ to participate in organized activities offered by Pueblo Youth Naturally through CSU Cooperative Extension. It is my understanding that my child will learn conservation, life skills and team building and will participate in activities that may be physically challenging. We also agree to follow the rules and regulations of Pueblo Youth Naturally as stated in the PYN handbook.

Release From Responsibility, Assumption of Risk, and Waiver

PARTICIPANT'S FULL NAME: _____
DATE OF BIRTH (MO/DAY/YR): _____
ADDRESS: _____
DATE(S) OF ACTIVITY(IES): **START DATE:** _____ **END DATE:** _____
Activities: _____

I, the undersigned parent or guardian of the above named participant, hereby release and discharge, indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, Pueblo County, and their members, 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 any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my child's participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, Pueblo County 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 child's participation in normal or unusual acts associated with the above-named 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 from Responsibility, Assumption of Risk, and Waiver.

READ, UNDERSTOOD AND AGREED TO THIS _____ DAY OF _____, 20____.

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

Parent signature _____ **Date** _____ **Witness** _____