

**FORT LEWIS COLLEGE**  
**AGREEMENT TO PARTICIPATE AND RELEASE**

**ACTIVITY** Southern Ute Museum **COLLEGE SPONSOR** Anthropology Club  
*(e.g., conference name, field trip name)* *(e.g., ASFLC, Outdoor Pursuits)*

I have read a description of the activity and am aware that participation in the activity of

*(e.g., skiing, rock climbing, kayaking, traveling)*

can be dangerous and may involve RISK OF INJURY or DEATH. I understand that by participating in the activity identified above, I may be exposed to such risks and dangers, such as inclement weather, environmental conditions, equipment malfunction, acts of a third party, etc. I further understand that my participation in this activity, as well as travel to and from related events, may result in serious injury and may impair my future abilities to earn a living or to engage in other business, social and recreational activities. Given all of these risks, however, I still intend to participate in this activity.

By my signature below, I hereby release and hold harmless the State of Colorado, the Board of Trustees for Fort Lewis College, and Fort Lewis College, its officers, faculty, employees and agents (collectively Fort Lewis College), from any and all liability that may arise from my participation in the above-referenced activity. I further agree not to sue, or otherwise assert claims, against Fort Lewis College arising from my participation in the above-referenced activity. I further understand and represent that:

1. This document has specific legal implications and I have had the opportunity to have counsel and review this document before I have signed;
2. (Check only one)  
\_\_\_\_ I am eighteen years of age or older, and of sound mind  
(Parent/Guardian Signature & Notary Not Required); - **or** -  
\_\_\_\_ I am under eighteen years of age and cannot participate without my Parent or  
Guardian's consent as required below (Parent/Guardian Signature & Notary Required);
3. While participating in this activity, I am subject to all Fort Lewis College policies and procedures, including the Student Conduct Code. I will follow directions and guidelines from Fort Lewis College staff.
4. I have completed the reverse side regarding emergency contact information.

\_\_\_\_\_  
Fort Lewis College Student - Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian - Signature (if required, must be notarized)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address/Phone

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

TO BE COMPLETED BY STUDENT PARTICIPANT:

## Emergency Contact Information

\*\*\*\*\**Please print all information below*\*\*\*\*\*

FORT LEWIS COLLEGE STUDENT NAME: \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF PERSON  
TO CONTACT IN EVENT OF AN EMERGENCY:

NAME: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

### INSTRUCTIONS TO ACTIVITY/TRIP COORDINATOR:

- 1) Encourage students to notify their families about this activity/trip.
- 2) Ensure that all individuals participating in this activity/trip complete both sides of this form.
- 3) Deliver all forms to the Leadership Center.

This form can be used in two ways:

- A. For students participating in **multiple, regularly-scheduled, related activities** (*e.g., Club Sports; Continuing Education trips; and regularly-scheduled, course-related field trips*) that may require travel off campus. In these situations, **the form can be signed by the student once per term, before the first activity.**

The **activity/trip coordinator** must provide his/her supervisor with a separate list of locations of the regularly-scheduled activities and phone numbers at the sites (in case of emergencies), before the first activity.

- B. For students participating in **one-time activities** (*e.g., ASFLC conferences; Outdoor Pursuits trips; and one-time course-related field trips*) that may require travel off campus. In these situations, **the form must be signed by the student for each activity.**

Please list on this form the location of the activity and the phone number at the site (in case of emergencies):

Location: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Leaving: \_\_\_\_\_ (time) \_\_\_\_\_ (date)

Returning: \_\_\_\_\_ (time) \_\_\_\_\_ (date)