

Colorado Math Circle Participant Consent to Treatment, Waiver and Release

Participant Name _____

Parent/Guardian Name (for minor) _____

Please read and understand this policy before agreeing.

- I am familiar with the activities of the Colorado Math Circle (“Program”). I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may lead to illness, injury or death.
- I acknowledge that if an activity is offered in an online format via Zoom, I consent to allow third party apps to be used in connection with Zoom.
- I state that I am free from any health problems, including but not limited to heart or respiratory problems that could prevent me from safely participating in any of the activities.
- I hereby give my express consent in the event of injury to myself for Colorado Math Circle personnel to obtain any necessary emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.
- I certify that I have medical insurance and otherwise agree to be personally responsible for costs of any emergency or other medical care. I agree to release, waive, covenant not to sue, and hold harmless the Colorado Math Circle, the University of Colorado Boulder, and all of their officers, employees and agents (collectively the “Releasees”) from the cost of any medical care that I receive as a result of participation in the Program.
- I understand and acknowledge that the Colorado Math Circle is not an insurer of my behavior, actions or participation in the Program and that the Colorado Math Circle assumes no liability whatsoever for personal injuries or property damages to myself or to third persons arising out of my participation in the Program activities.
- I understand and acknowledge that the University of Colorado Boulder is not an insurer of my behavior, actions or participation in the Program and that the University assumes no liability whatsoever for personal injuries or property damages to myself or to third persons arising out of my participation in the Program activities.
- I agree to release, waive, covenant not to sue, indemnify and hold harmless the Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising out of my participation in the Program and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

- I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Colorado and that this Agreement will be governed by and construed in accordance with the laws of the state of Colorado, without application of any principles of choice of law.
- I shall pay any attorney fees or costs incurred by the Colorado Math Circle or University of Colorado Boulder in enforcing this Agreement.
- If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

Participant Signature

Date

Parent/Guardian Signature

Date