

COLORADO SCHOOL OF MINES RELEASE AND LIABILITY WAIVER

I wish to have my child(ren) participate in the Experience Math @ Mines program (hereinafter the "Activity") hosted by Colorado School of Mines Mathematics and Computing Collaborative (MMCC) on April 24, 2023.

Print Child(ren)'s full name(s) here:

_____ ("Participant")

I understand that the Activity will be conducted for the entertainment and educational benefit of the participating children and acknowledge that my Child(ren)'s participation in the Activity is voluntary. In consideration of Colorado School of Mines ("Mines") making arrangements for and permitting my Child(ren) to take part in the Activity, I, the undersigned Parent or Legal Guardian, agree to hold harmless, release, indemnify and forever discharge Colorado School of Mines, and its Board of Trustees, officers, directors, employees, agents, and any persons acting on their behalf, as well as their heirs, executors and assigns, from and against any and all liability, claims, demands, costs and expenses (including attorneys' fees) arising out of or in any way connected with any bodily injury or property damage in any way relating to or arising out of my Child(ren)'s participation in the Activity, even if the liability, claims, demands, costs and expenses may arise, in whole or in part, out of my Child(ren)'s use of equipment and facilities provided by Mines or the negligence or carelessness of the persons or entities mentioned above.

I am aware that the Activity may include certain risks and dangers. I understand that specific risks vary depending on the level and nature of the Activity, and can include risk of loss, property damage or personal injury. Personal Injury can range from minor personal injuries such as scratches, bruises, and sprains to major injuries such as eye injuries and back or joint injuries, to catastrophic injuries resulting in paralysis or death. By signing this waiver, I consent to my Child(ren)'s participation in the Activity and acknowledge that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

To the best of my knowledge, I am not aware of any mental or physical disability or health-related reasons or problems that would hinder or otherwise prevent my Child(ren) from safely participating in the Activity or jeopardize the well-being of others in the course of the Activity. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through or arising from my Child(ren)'s involvement in the Activity. Further, I acknowledge that I am responsible for all of my Child(ren)'s medical expenses. By signing this waiver, I give permission in cases of my Child(ren)'s injury or illness to render emergency first aid and to make any necessary referral for treatment.

I understand that participants in Mines events are sometimes photographed and videotaped for use in promotional and education materials. I understand that such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted any form and manner without payment of fees. I authorize Mines to record and photograph my Child(ren)'s image for use by Mines or its assignees in research, educational and promotional programs.

I hereby certify that I have carefully read this Release and Liability Waiver Form, and that I understand the contents herein. Nothing in this waiver shall be construed to waive, limit, or otherwise modify any governmental immunity available to any of the persons or entities released herein under the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S.

Parent or Legal Guardian Full Name (print)

Signature of Participant's Parent or Legal Guardian

Date