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

Activity: Collaboratory/Business Incubator (TSC	C Collaboratory) workshops and equipment usage
Start/End Date:	
By signing this form, I acknowledge that I am ab- activity that has inherent risks, hazards and dange that these include, without limitation, risks from the physical condition and required exertion, risks from other participants or spectators. I acknowledge the accident insurance.	ers that cannot be eliminated. I acknowledge the activity itself, risks connected with my om improper usage of equipment, and actions of
I hereby accept full responsibility for any damage equipment and/or property and agree that I am rethe full amount. I also recognize that this is a colall college policies, as well as State and Federal Lomitting the use of alcohol and illicit drugs, and rethat if I choose NOT to abide by college rules and Collaboratory disciplinary action as well as possifunderstand that I may be banned from future TSC I acknowledge that I may be photographed, video photographic rights to COLLEGE. I hereby constreproduction by you, or anyone authorized by you images/video tapes/recordings.	sponsible for compensating TSC Collaboratory alege sponsored activity and I agree to abide by aws applicable to the activity. This includes not bringing or using any weapons. I am aware dipolicies, I will be subject to TSC ble State or Federal charges. I further C Collaboratory courses, programs or activities.
For myself, my heirs, successors, executors, I her release, indemnify and hold harmless the State of Colleges and Occupational Education ("SBCCOI officers, employees, agents and volunteers from a liabilities, suits, expenses and NEGLIGENCE of out of any damage, loss, injury, paralysis or death course, program or activity and/or use of this equ losses against the state, the Board or the college v	Colorado, State Board for Community E" or "Board"), TSC Collaboratory, trustees, and against all claims, actions, causes of action, any kind of nature arising directly or indirectly in in connection with my participation in this aipment and to waive all claims for damages or
I,	(print name) HAVE CAREFULLY READ,
I, CLEARLY UNDERSTAND, AND VOLUNTAI OF RISKS AND RELEASE AGREEMENT.	RILY SIGN THIS WAIVER, ASSUMPTION
Participant Signature	Date
Parent/Guardian Signature (if under 18)	Date
Emergency Contact Name	Emergency Phone