

COLORADO STATE UNIVERSITY
Adult Fitness Program
Informed Consent Waiver of Responsibility

In consideration of my voluntary participation in the CSU Adult Fitness Program, I, _____, hereby release and discharge Colorado State University, The [Board of Governors of the Colorado State University System](#) and their members, affiliates, officers, agents, employees, and any other persons or entities who may be directly or indirectly liable, and the successors and assigns for any and all claims, demands, causes of actions, whatsoever either in law or in equity, relating to injury, disability, death or other harm, to person or property, or both, arising from my participation in the Adult Fitness Program.

In choosing to participate in the CSU Adult Fitness Program, I understand that I will have the opportunity to engage in regular exercise involving one or more of the following activities: stretching, walking, running, swimming, aerobics, cycling, rowing, stair-stepping, weight training, and basketball. I further understand that I am free to choose those activities that I most enjoy and that my physician and I deem are safe for participation by me. I also realize that there may be times, particularly in the walk/jog program, when I will be exercising on my own with no staff supervision.

I understand that there are some discomforts and risks associated with physical activity, such as muscle soreness, strains, and sprains, as well as cardiovascular problems including abnormalities of blood pressure or heart rate, ineffective heart function, and, very rarely, heart attack or cardiac arrest and death. I realize that it is necessary for me to report promptly to the exercise supervisor any signs or symptoms indicating an abnormality or distress.

I acknowledge that I have been informed of the risks that may be associated with my participation in the Adult Fitness Program. I understand, accept, and assume those risks and waive all claims against Colorado State University and/or Additional Parties. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in the Adult Fitness Program.

I have had sufficient time to review and to 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 Waiver of Responsibility.

Read and acknowledge this __ day of _____, 20__.

Signature of person whose printed name appears above

Witness