

Read this document completely before signing. Its effect is to release Fremont County, City of Florence, Colorado State University, its governing board, the state of Colorado from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against the university which may arise from such activities even if they result from negligence.

Note: This document does not cancel or negatively impact liability protection for volunteers. Our CSU Extension volunteers are protected from claims of liability as long they are functioning within the scope of their responsibilities as an authorized volunteer. The document also does not negatively affect any supplemental health or accident insurance that may be given to volunteers through their county program policy. This form is simply to acknowledge that there is risk related to your own participation in this/these events.



COLORADO STATE UNIVERSITY
EXTENSION

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____ DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION OF ACTIVITY(IES): Florence PD Shooting Range

DATE(S) OF ACTIVITY(IES): START DATE: June 3rd, 2025 END DATE: October 1st, 2025

DESCRIPTION OF ACTIVITIES: The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains; to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, exposure to COVID-19, concussions; and catastrophic injuries including paralysis and death. Additionally, there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from Extension activities that cannot be specifically listed.

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and, along with my successors, estate, and assigns, forever waive all claims against Fremont County, the City of Florence, the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, its employees, agents, volunteers, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE.

Further, I hereby indemnify and hold harmless Fremont County, the City of Florence, The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my negligent acts or omissions arising out of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and 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 Release from Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS _____ **DAY OF** _____, 2025.

Signature of Participant whose printed name appears above