

SECTION I – GENERAL INFORMATION

Participants Name _____ DOB _____
Address _____ Phone _____
City _____, State _____ Zip _____ School _____
Physician _____ Phone _____
Physician Address _____
List any allergies (food, drug or otherwise) or medical history: _____

List any prescription medications student is currently taking: _____

Primary Insurance Company _____ Phone _____
Billing Address _____
Policy Holders Name _____ Relation of Minor _____
Address _____
ID# _____ Group/Policy# _____

SECTION II – MEDICAL AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of the minor listed above, do hereby authorize in an emergent or non-emergent situation any administration of first aid, the use of an ambulance, x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state and hospital service that may be rendered to said minor under the general, specific or special consent of the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the offices of the physician or dentist to call in any necessary consultants, in his/their discretion. I fully understand that I will pay for all transportation, emergency room fees, and doctor bills including X-rays or diagnostic tests should they be deemed necessary in an emergency situation.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis of medical, dental or surgical treatment.

_____ **Initial of Participant** *(If you are under 18, a parent/legal guardian must initial here.)*

SECTION III – ACCIDENT WAIVER AND RELEASE OF LIABILITY

We hereby assume all of the risks of participation, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

We certify that participant is physically fit, and has sufficiently prepared or trained for participation in the activity or event, and has not been advised to not participate by a qualified medical professional. We certify that there are no health-related reasons or problems that preclude our participation in this activity or event.

We acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, staff, and organizers of the activity or event in which we may participate, and that it will govern our actions and responsibilities at said activity or event.

In consideration of our voluntary application and permission to participate in this event, we hereby take full responsibility for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:(A) We waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of an kind which may hereafter occur to me including my traveling to and from this event, the following Entities or Persons: Colorado Baptist General Convention, Christian Challenge-UCCS/COS, Kent Slack, Aaron Williams, BSU Alumni Association, USAFA BSU, or any staff of the previously mentioned organizations. (B) We indemnify hold harmless, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of releases or otherwise. The accident waiver and release of liability shall be construed broadly to provide a blanket release and waiver to the maximum extent permissible under any applicable law.

SECTION IV – PARTICIPANT OR PARENT/GUARDIAN AGREEMENT

The undersigned parent and legal guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward’s participation in all activities or events, and has agreed individually and on behalf of the child or ward to the terms of the accident waiver, release of liability and medical authorization attached and set forth above.

I certify that I have read this document, and I fully understand its content. I am aware that this is a blanket release of liability/medical authorization and a contract in consideration of participation and I sign it of my own free will.

Extent of Participation: This form will be applied to all events and activities with UCCS Christian Challenge from August 2026 through August 2027.

Print Participant’s Name _____ **Age** _____

Signature _____ **Date** _____

EMERGENCY CONTACT:

Name: _____

Relationship to the participant: _____

Cell #: _____ **Home #:** _____ **Work #:** _____