



Instructional Activity Release Form

NAME OF ACTIVITY _____

DATE OF ACTIVITY _____

NAME OF PARTICIPANT _____

ADDRESS _____

PHONE _____
HOME CELL WORK

I understand that there are inherent and other risks involved in this activity and that injuries are a possible occurrence of the activity, and I freely assume those risks.

I agree to hold harmless and indemnify the University of New Mexico-Los Alamos and

NAME OF INSTRUCTOR

for any loss or damage, including any that results from claims for personal injury related to this activity.

I, the undersigned, have read and understand the release agreement above.

(SIGNATURE)

(DATE)

(SIGNATURE OF PARENT OR GUARDIAN FOR MINOR PARTICIPATION)

(DATE)

Phone (505)662.5919