ACKNOWLEDGEMENT OF RISK FACTORS

I, ________________________, understand that the University of New Mexico name of participant (please print)
does not provide insurance coverage for medical care that I may need because of my participation in ________________________________ name of event/activity/class

sponsored by _________________________ on _______________________ name of UNM dept./organization semester/date(s) of event

I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness in remote locations. I hereby assume the inherent risks and hazards of this activity.

I acknowledge that any claims for damages against the University of New Mexico or its officers or employees for death, personal injury, or property damage which may occur as a result of my participation in the above-mentioned activity would be governed by the new Mexico Tort Claims Act, which imposes limitations on the recovery of damages from state institutions and their public employees.

___________________________    _______________________
Signature                              Date