Acknowledgment of Risk Factors

I, ___________________________, understand that the University of New Mexico does not provide insurance coverage for medical care that I may need because of my participation in ____________________________ on ________________________.

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