

**26th ANNUAL COLORADO  
TECHNOLOGY STUDENT ASSOCIATION  
STATE LEADERSHIP EXPOSITION - 2012**



**Personal Liability Form**

**REQUIRED BY ALL STUDENTS & ADULTS ATTENDING THE EXPOSITION  
ALL FORMS MUST BE RECEIVED NO LATER THAN FEBRUARY 1, 2012**

Please send to: Tony Raymond  
COTSA State Advisor  
Colorado Community College System  
9101 E Lowry Blvd.  
Denver, CO 80230

Name of Participant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

"I hereby agree to release the Colorado Technology Student Association and the Colorado Technology Education Association Inc., its representative, agents, servants, and employees from liability for any injury to the above named person at any time while attending the Colorado State Technology Expo. including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

"I do voluntarily authorize the Colorado State Technology Expo's conference chair, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in medical judgement."

"I agree to identify and hold harmless the Technology Student Association Inc., the Colorado Technology Education Association and said conference chair and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accept medical standards."

\_\_\_\_\_  
Adult/Parent or Guardian (if child or student) Date

\_\_\_\_\_  
Participant Date