



University of New Mexico

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/Instructor

sponsored by _____ on _____
Name of UNM Department / Organization Semester / Date(s)

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 damage 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 limitation on the recovery of damages from state institutions and their public employees.

Signature

Banner #

Date