



## CDOT BMP FACILITY RELEASE OF LIABILITY

I, \_\_\_\_\_, have been designated by \_\_\_\_\_  
PRINT NAME HERE EMPLOYER

to receive training at the Colorado Department of Transportation's (CDOT) BMP Training Facility located at 4040 E. Louisiana Avenue, Denver, Colorado and have no employment relationship with CDOT.

In consideration of the benefits received from participation in an educational activity at the Colorado Department of Transportation (CDOT) BMP Training Facility instructed by contractors and subcontractors approved by CDOT the undersigned assumes all risks of damages or injury, including death, that may be sustained by him/her or by his/her property while participating in this CDOT sponsored activity.

I understand that the outdoor training facility presents certain risks including, but not limited to, uneven ground surfaces, simulated construction features, water, snow or ice on the ground or other surfaces, and other risks, and I accept the risk of injuries that may result therefrom. In consideration of CDOT's agreement to allow me to receive training at its BMP Training Facility, I, on behalf of myself, my spouse, my family and my heirs and personal representative waive, release, discharge, covenant not to sue and to hold harmless the State of Colorado, and its agencies, training contractors and their subcontractors and their employees and officers from any and all claims I may have for bodily injuries or death that may arise from use of the training facility or which may arise from severe weather conditions, such as heat, lightning, hail, tornadoes, or other conditions that may be encountered during educational activities.

The undersigned also agrees to fully comply with requirements of the CDOT *Personal Protection Equipment Understanding Form* in regard to this educational activity at the CDOT BMP Water Quality Training Facility including but not limited to wearing at all times the Personal Protective Equipment referred to in that *Understanding Form*.

By signing this document, I hereby acknowledge that I have thoroughly read the above and agree to comply with all of its tenets.

\_\_\_\_\_  
Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name