



**The University of New Mexico**

**Risk Management Department**  
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**University of New Mexico  
ACKNOWLEDGMENT OF RISK FACTORS**

I, \_\_\_\_\_, understand that the University of New Mexico does  
*name of participant (please print)*

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 of illness in remote location. 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