



COLORADO FILM SCHOOL

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FISHER DOLLY RELEASE

I, _____, do hereby release J.L. Fisher, Inc., the Community College of Aurora, the University of Colorado at Denver and Health Sciences Center, the Colorado Film School and their employees from any liability for damages occurring to me or suffered by me as a result of the use of the Fisher camera dolly.

I recognize that I am not required to use the Fisher camera dolly for my course work and that significant bodily harm may come to me through improper or inattentive use of the Fisher camera dolly. I recognize that there are powerful moving parts that could crush or maim me while I am using the camera dolly if it is not used correctly.

I certify that I have been adequately trained to safely and properly use the Fisher camera dolly and that my use of the Fisher camera dolly is voluntary (grades in my course will not suffer if I elect to not use the dolly), at my own risk, and fully informed.

STUDENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

AUTHORIZING SIGNATURE: _____ DATE: _____