

SHERIDAN SCHOOL DISTRICT #2

RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT,
YOU ARE GIVING UP LEGAL RIGHTS

Today's Date: _____

PRINT NAME of Participant and/or Parent/Guardian's Name if PARTICIPANT is under 18

Street Address of Participant City State Zip

Home Phone Number

Cell Phone or Emergency Contact Number

INITIAL

- ASSUMPTION OF RISK:** I agree that I am and/or my child is voluntarily participating in the activity offered by **Sheridan School District 2**. The activity offered will include _____ . The activities include inherent risks such as the possibility of slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussion, or even more severe potentially life-threatening injuries. You accept and assume all of these inherent risks, your participation is completely voluntary, and you have elected to participate with full awareness of the risks. I understand and accept the above risks of bodily injury to this activity.
- RELEASE OF LIABILITY, INDEMINIFICATION & HOLD HARMLESS:** In consideration of being permitted to participate in the activities offered by **Sheridan School District 2**, you for yourself as a Participant or as parent or legal guardian of a minor Participant and also on behalf of your spouse, legal representatives, heirs, and assigns hereby release, waive, discharge, indemnify and hold harmless **Sheridan School District 2** and its officers, directors, employees, volunteers, landlords, and agents and/or anyone else directly or indirectly connected with the company, from and all loss, liability, damage or cost resulting from injury to the Participant's person or his or her property, whether caused by the negligence of **Sheridan School District 2** or its employees or otherwise, while Participant is engaged in any of the activities offered. I expressly release and discharge from any and all liability claims demands, or cause action whatsoever arising out of any damage, loss, personal injury or death to me and or my child/ward while participating in any of the activities offered. This release is valid and effective whether the damage, loss, or death is a result of any act of omission on the part of Releases of from any other cause. This Waiver and Release of all liability includes, without limitations, injury, illness, or acts, which may occur as a result of (a) equipment (b) instruction or supervision, or (c) slipping and falling while in the facility or on the surrounding premises. I understand that I voluntarily give up my right to sue the above mentioned parties.

3. **You certify that you have adequate health insurance** to cover any injury or damage the participant may cause or suffer while participating or else you agree to bear the full cost of such injury or damage yourself. The Participant has no medical or physical conditions that could interfere with your safety or the safety of others in or during the activity. The Participant assumes and bears all risks that may be created directly or indirectly by any such condition. The Participant is physically fit and you know of no medical or health reason why the Participant should not participate in the activity.
4. The Participant must follow all instructions given and not take part in any activity unless expressly approved by the instructor.
5. The Participant must wear appropriate attire and all safety equipment required for each event, such as head protection and harnesses. All equipment straps and fasteners must be secured.
6. This Registration, Release, and Acknowledgement of Risk is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and if any portion is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Do you (or your minor Participant/s) have any medical problems we should know about?
 YES _____ NO _____ If yes, please explain:

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST _____. IF ANY ATTEMPT FOR CLAIM IS MADE, I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL DEFENSE COSTS INCURRED BY _____.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS.

X _____
 SIGNATURE of Participant Date

IF PARTICIPANT IS UNDER EIGHTEEN (18)

I have read the above, been given opportunity to ask questions, consider its effects, understand its content, and agree, on behalf of myself and my child/ward, to the terms stated above. I will further indemnify the Releasees against any damages incurred as a result of any action by my child/ward including attorney's fees and costs.

 Signature of Parent/Legal Guardian Date

 Name of Child Participant Birthdate

 Name of Child Participant Birthdate