

**COLORADO STATE UNIVERSITY MOUNTAIN CAMPUS CHALLENGE COURSE
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER**

PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE CSU MOUNTAIN CAMPUS CHALLENGE COURSE AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT.

I, _____, intend to participate on the Mountain Campus Challenge Course of Colorado State University, on _____ (date of activity).

In consideration of Colorado State University making arrangements for and permitting and assisting me in participating on the Mountain Campus Challenge Course, I exercise my own free choice to participate voluntarily in activities on the Mountain Campus Challenge Course, and promise to take due care during such participation. I hereby release and discharge, indemnify and hold harmless, the University Board of Governors and Colorado State University Mountain Campus, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the Mountain Campus Challenge Course.

Furthermore, I am aware that the CSU Mountain Campus is located at an elevation of 9,000 ft. (2743m) and understand the potential hazards of inclement weather and physical stress on cardiopulmonary function, including tachycardia (rapid heart rate) and possible sudden cardiac arrest. I am also aware that the Mountain Campus Challenge Course in which I intend to participate may include other occurrences beyond human control, creating hazards, which could place me in perilous situations. Although rare, these hazards can include cable and rope burns, sprained joints, muscle pulls, twisted knees, back strains, shoulder and finger dislocations, neck injuries, skin abrasions, broken fingernails, sunburn and splinters, psychological trauma, as well as other hazards and perils not specifically named herein.

I acknowledge that I have been informed of the hazards and risks which may be associated with my participation on the Mountain Campus Challenge Course; I understand, accept, and assume those hazards and risks, and waive all claims against the University Board of Governors and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the Mountain Campus Challenge Course.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk, and Waiver.

Today's Date: _____

Signature of Participant: _____

If Participant is under the age of 18, her/his parents or legal guardians must also sign:

I/We (printed name) _____ are the legal guardians of the participant who has signed above. I/We have read and understand the provisions of this document. I/We consent to the student or non-student participating in the activity described above, and I/We enter into and agree to the above Release of Responsibility, Assumption of Risk and Waiver.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN (S)

DATE



Risk Management
2407 LaPorte Avenue
Fort Collins, CO 80521
970-490-3506

Emergency Contact and Health Information

School: Riffenburgh Elementary **Destination:** CSU Mountain Campus, Colorado
Trip Dates: 08/26/19 to 02/28/19

Student name: _____ Date of birth: _____

Emergency Contact Information

Parent/Guardian: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Parent/Guardian: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Other Contact: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Health Information

1. Please be aware that my child has the following medical conditions, mental or behavioral health concerns, recent illnesses, injuries or surgeries that may impact trip participation (please attach a separate sheet if necessary):

NOTE: If your child will need medication for any of the conditions listed above during the Field Trip, an Authorization and Release for Administering Medication to Student at School or School-Sponsored Activity form must be completed for each medication.

2. My child will be taking the following items on the Field Trip (e.g., glasses, contacts, hearing aid, glucose kit, etc.)

Parent/Legal Guardian Signature

Date



Risk Management
 2407 LaPorte Avenue
 Fort Collins, CO 80521
 970-490-3506

In-State Overnight Field Trip Release, Indemnity, and Assumption of Risk

Parent/Guardian completes

This release, indemnity, assumption of risk made this _____ day of _____, 20____,
Day of month Month Year
 is given by _____ ("Student") and the Student's parent(s) or legal
Student name
 guardian(s) _____ ("Parent(s)") in favor of Poudre School District
Parent or legal guardian name
 No. R-1 ("School District"). The mailing address for the Student's residence is

Student's address

In consideration of permission granted by the School District for Student to participate in an Overnight Field Trip to CSU Mountain Campus, Colorado from August 26, 2019 to August 28, 2019, ("Field Trip"), which Field Trip is described in Exhibit A attached hereto and incorporated herein by this reference, Student and Parent(s) hereby covenant and agree as follows:

Student and Parent(s) release and hold harmless the School District and its board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the School District and its board members, employees and/ or agents for any and all damages that may arise out of or in connection with the Field Trip.

Student and Parent(s), having carefully read Exhibit A and understanding and appreciating the risks and dangers that may exist in allowing Student to participate in the Field Trip, assume the risk of any and all damages, including personal injury, which Student may incur as a result of participating in the Field Trip. You are encouraged to consult your child's primary health care provider if you have any concerns regarding your child's participation in the Field Trip.

Parent(s) agree to indemnify, defend and hold harmless the School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury of any person caused by Student and/or for damages to or destruction of any property caused by Student, which may arise out of or in connection with Student's participation in the Field Trip. Parent(s) also agree to indemnify, defend and hold harmless the School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury to Student and/or for damages to or destruction of property belonging to Student or Parent(s), which may arise out of or in connection with Student's participation in the Field Trip.

Student and Parent(s) understand that the School District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with the Field Trip, and understand that any injuries or damages arising out of or in connection with the Field Trip may not

be covered by School District insurance. For these reasons, it is recommended that Student or Parent(s) obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to the Student, and damage to or destruction of property belonging to the Student or Parent(s), which may arise out of or in connection with the Student's participation in the Field Trip.

The School District has information available regarding accident and health insurance that may be purchased to cover Student's participation in the Field Trip. Student or Parent(s) may enroll at www.studentinsurance-kk.com or obtain a brochure through the school office.

Student and Parent(s) understand that the Student shall be subject to the School District Code of Conduct at all times related to Student's participation in the Field Trip. As a condition of participating in the Field Trip, Student shall comply with all instructions and safety precautions communicated by school officials. Parent(s) hereby agree that in the event of Student's repeated or serious violation of the Code of Conduct and/or failure to comply with instructions or safety precautions communicated by school officials, Student's participation in the Field Trip may be terminated early and Parent(s) may be required to pay all costs of sending Student home if deemed necessary and if Parent(s) are informed in advance that Student is being sent home.

Student and Parent(s) understand that if the Student is injured or becomes ill and it is necessary for the Student to return home or for the Parent(s) to meet the Student to escort him or her home, the Parent(s) may be required to pay all costs. Poudre School District shall have the authority to cancel or terminate the Field Trip and related on-site activities in accordance with its policies or best judgment.

We the undersigned Student and Parent(s) have read this release, indemnity, and assumption of risk, including the attached Exhibit A, and understand all of the terms thereof, the nature of the Field Trip to which they apply, and the risks and dangers that may exist in allowing Student to participate in the Field Trip. We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Student Name

SIGNATURE of Student if over 18

Date

Parent/Guardian and Student completes

EXHIBIT A must be attached to this release

Original—Field Trip Sponsor takes on trip Copy—Remains at school with In-house Trip Sponsor

Post Trip: Original — Keep on file at school for 3 years.

Forward original to Risk Management if any incident occurred on this field trip involving this student.