Student Assumption of Risk and Waiver

Student Name _____ Activity _____

Parent/Guardian _____

On behalf of my child, I (parent/guardian) hereby acknowledge and agree that activities such as those listed above have inherent risks such as minor physical/emotional injuries like cuts, bruises, sprains; to serious physical injuries like breaks, dislocations, serious wounds, cardiovascular issues, traumatic brain injury and possibly even a risk of death. I have sufficient knowledge of the nature and extent of the risks associated with these activities and the use of facilities and equipment associated with these activities. If I had any questions or concerns regarding possible risks, I have addressed them with the activity/program or sponsor.

I further acknowledge that the risks communicated by the activity/program sponsor may not be inclusive of all the possible risks associated with the _____ (activity/school program) and that the activity/program facilitator(s) may not have anticipated all of the risks associated with the above activities.

I accept the fact that the program facilitator(s) cannot guarantee my child's total safety since some risks in such activities are beyond their control. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in information communicated to me by the facilitator(s).

I understand that if I experience an injury/illness, including a concussion, then it is my responsibility to inform the activity/program sponsor immediately. I hereby give my consent to have my child seen by emergency medical personnel, a physician, or a nurse and treated if necessary in case of sudden illness or injury while participating in the above activity. It is understood that Jeffco Public Schools provides no medical insurance for such treatment and that the cost thereof will be at my expense.

____(initials child) ____(initials guardian) I and my child agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants.

I (parent/guardian),_____, hereby waive, release, and discharge the Jeffco Public Schools and their/its successors, heirs, assigns, directors, officers, employees, supervisors, agents, attorneys and representatives, from any and all actions, causes of action, claims, demands, losses, damages, costs, attorneys' fees, judgments, liens or liabilities whatsoever, regarding the aforementioned activity in which I and my child have elected to voluntarily participate.

Dated this _____day of _____, 20___ _____

Parent's Signature

RETAIN FORM IN CORRESPONDING ACTIVITY FILE AT SCHOOL – FOR AT LEAST 1 YEAR FROM DATE OF SIGNATURE

Rev.6: 6/22/2018