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ACKNOWLEDGEMENT OF RISK & HOLD HARMLESS AGREEMENT For Overnight Trips Sponsored by St. Vrain Valley School District RE-1J

STUDENT NAME:		GRADE PHONE	• •
	LAST, FIRST (please print)		
School/Group:			
Travel Dates:			
Travel Destination:			
Group Leader:			

ACKNOWLEDGEMENT OF RISK

We acknowledge that the above named student (herein, "Participant") could sustain various injuries and illnesses, including physical injury, death, or other consequences arising or resulting from participation in this trip. BY ITS NATURE, PARTICIPATION IN THIS TRIP INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH. Furthermore, injuries sustained while participating in this trip could result in a serious impairment of Participant's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Although serious injuries are not common in supervised school sponsored trips, it is impossible to eliminate all risk. Participants can help and have the responsibility to reduce the chance of injury by following instructions and adhering to applicable rules and regulations.

SUPERVISION PLAN

Participants will be supervised by certified staff, not to exceed thirty students per certified employee. In addition, volunteers (who must be at least 21 years old and satisfy a background check) will assist with supervisory duties under the direction of certified staff, not to exceed 15 students per volunteer chaperone.

RESPONSIBILITY FOR MEDICAL BILLS AND EMERGENCY CARE

In consideration of the possibility of an accident, we hereby consent to emergency transportation and treatment necessary in the event of injury or illness. We hereby accept responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills.

We acknowledge that the St. Vrain Valley School District <u>DOES NOT</u> purchase health or accident insurance for students participating in school trips (except for injuries sustained in district vehicles). If you are interested in purchasing voluntary student accident insurance, please contact the school office. Only the 24-hour coverage plan would cover this trip. If you have already purchased the school-time-only coverage (which would not cover this trip), it may be upgraded to the 24-hour coverage plan by paying the premium difference.

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ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

We hereby assume all risk of injury and/or property damage or loss, and waive any right of recovery from, or to bring suit against, the St. Vrain Valley School District, its employees, volunteers, or agents, for any personal injury, death, or other consequences, including property damage or loss, sustained or incurred by Participant and arising out of participation in this trip. This release is not to be construed as a contractual waiver by the District of any immunities or defenses provided to the District by the Colorado Governmental Immunity Act, or by other statutes or common law.

INDEMNIFICATION

We agree to indemnify and hold harmless the St. Vrain Valley School District, its agents or employees from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, asserted by any third party and arising out of or directly related to Participant's negligent and/or intentional acts, errors and omissions while participating in any aspect of this trip.

PARENT OR GU	<u>JARDIAN PERMIT</u>	•			
Parent/guardia	ın hereby gives pe	ermission for student na	med above to parti	cipate in this trip.	
*****	*****	******	******	******	*******
headings: ACK CARE, ASSUMF	NOWLEDGEMEN PTION OF RISK ANd and agree to the	•	N PLAN, RESPONSII IMS, INDEMNIFICA	BLITY FOR MEDICAL TION, AND PARENT	BILLS AND EMERGENCY OR GUARDIAN PERMIT.
Student (Partic	ipant) Signature		Date		
Parent/Guardian Signature			Date		
******	*****	*********	******	 **********	*******
		a copy of the signed agronts is seven years. A sign			
COMPLETED		<u></u>			
	Date	Signatu	re of School Official		

Aug2012 RMS