# ACKNOWLEDGEMENT OF RISK & HOLD HARMLESS AGREEMENT Non-Sponsored Trip

PARTICIPANT NAME			GRADE	PHONE
	LAST, FIRST	(please print)		
Trip Dates:				
Trip Destination:				
Group Leader:				
Event:				

### ACKNOWLEDGEMENT OF NO DISTRICT SPONSORSHIP

We, the parent(s)/legal guardian(s) of the Participant listed above, acknowledge that the trip identified above is neither approved or sponsored by the St. Vrain Valley School District RE-1J (the "District"), its Board of Education, directors, officers, employees, volunteers, or agents. The District shall not direct or supervise any group leaders, chaperones, volunteers or other persons involved with this trip. Participation in the trip is strictly voluntary.

# **ACKNOWLEDGEMENT OF RISK**

We acknowledge that Participant could sustain various injuries, including physical injury, illness, death, or other consequences arising or resulting from participation in this trip. BY ITS NATURE, PARTICIPATION IN THIS TRIP INCLUDES A RISK OF PHYSICAL INJURY OR ILLNESS WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH. Furthermore, injuries or illnesses 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.

#### RESPONSIBILITY FOR MEDICAL BILLS AND EMERGENCY CARE

We hereby understand and accept responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills. We understand that, as a non-District-sponsored trip, the District **DOES NOT** purchase health or accident insurance for participants who elect to participate in this trip.

# **ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS**

We hereby assume all risk of injury and illness and waive any right of recovery from, or to bring suit against, the District, its Board of Education, directors, officers, employees, volunteers, or agents, for any personal injury, illness, death, or other consequences arising out of participation in this trip. We also agree to release the District of any responsibility for damage to or loss of participant's property occurring during or by reason 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 District, its Board of Education, directors, officers, employees, volunteers, or agents from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to Participant's negligent and/or intentional acts, errors and omissions while participating in any aspect of this trip.

Under these conditions and stipulations, we, the parent(s)/legal guardian hereby give permission for the Participant named above to participate in this trip.						
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under the headings: ACKNOWLEDGEMENT OF NO RESPONSIBILITY FOR MEDICAL RELEASE OF ALL CLAIMS, INDEM	DISTRICT SPONSORS BILLS AND EMERGEN MNIFICATION, AND PARE terms of this Agreement,	statements and conditions stated above HIP, ACKNOWLEDGEMENT OF RISK CY CARE, ASSUMPTION OF RISK AND ENT OR GUARDIAN PERMIT.  which is a legally binding document, as				
Participant Signature	Date					
Parent/Guardian Signature	Date					

NOTE: Each school is to keep on file in the school office a copy of the signed agreement for each participant. Retain for seven years.

COMPLETED \_\_\_\_\_\_\_Date Signature of School Administrator

RMS 2022