

6th –12th Grade Student Middle/High School Event Waiver

**RELEASE AND INDEMNIFICATION – CITY OF GUNNISON
PARTICIPANT OR PARENT MUST READ CAREFULLY BEFORE SIGNING**

In consideration for being permitted to participate in City – Sponsored Middle/High School Night Program

I hereby acknowledge, represent, and agree as follows:

I understand that Middle / High school event activities involve **use of the entire Community Center Facility**, and are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include, but not be limited to, bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with these activities. I have been given the opportunity to ask questions of appropriate City personnel concerning such risks and hazards, and acknowledge that such questions have been satisfactorily answered. I have received sufficient information to make an informed decision.

By signing this Release and Indemnification, I hereby expressly assume all such risks of injury, loss, or damage to me or any third party arising out of or in any way related to Middle / High School event activities, whether or not caused by the act, omission, negligence, or other fault of the City, its officers, its employees, or by any other cause.

By signing this Release and Indemnification agreement, I further hereby waive, exempt, release, and discharge the City of Gunnison, its officers and its employees from any and all claims, demands, and actions for such injury, loss, or damage arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City of Gunnison, its officers or its employees, or by any other cause.

I further agree to defend, indemnify, and hold harmless the City of Gunnison, its officers and employees, and insurers, from and against all liability, claims, and demands, including any third party claim asserted against the City of Gunnison, its officers or employees, or insurers, on account of injury, loss, or damage, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss, or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the City of Gunnison, its officers or its employees, or by any other cause.

If the participant listed on this Release and Indemnification is under the age of eighteen, I acknowledge that I am the parent of the below-named participant as the term “parent” is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the participant against the City of Gunnison, its officers and employees, for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above described activities.

I understand that participants may be photographed, and give permission for such photographic use to publicize activities for the City of Gunnison Parks and Recreation Department.

In the event of an emergency, I give consent for me or the participant to be treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth on this Waiver. In such event, I shall be solely responsible for all medical expenses associated with such medical care.

I understand that I have not withheld any medical condition or allergies to the Community Center staff and are giving the Community Center staff and volunteers permission to watch me or the participant. I also understand that this waiver will be valid from the beginning date of signature unless or until revoked by me, until I or the participant completes the 12th grade.

Participant Name: _____ Date: _____

Parent Signature: _____ Parent Printed Name: _____

Parent Phone Number(s): _____

Emergency contact information: Name: _____ Number: _____

Private information:

Please let the front desk know if your student/students have any medical conditions / allergies etc. that might help us be better prepared should an emergency occur

As always, please express to our staff any questions or concerns you may have