

ASSUMPTION OF RISK, WAIVER AND RELEASE

PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT,
YOU ARE GIVING UP LEGAL RIGHTS

Today's Date: _____
PRINT NAME of Participant

Street Address of Participant City State Zip

Home Phone Number Cell Phone or Emergency Contact Number

INITIAL

1. **ASSUMPTION OF RISK:** The Participant is voluntarily participating in the sports programs offered by the Elbert School District #200 (the "District"). I understand that participation in the activity includes inherent risks such as the possibility of slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussion, or even more severe potentially life-threatening injuries. I understand, accept and assume all of these inherent risks, on behalf of myself and the minor participant, and have elected to participate with full awareness of the risks.

2. **INSURANCE WAIVER AND RELEASE.** If the Participant does not carry insurance, as required by board policy, to cover any injury or damage the Participant may cause or suffer while participating. I, on behalf of myself and the minor Participant, agree to bear the full cost of any such injury or damage and hereby release and indemnify the District, its officers, directors, employees, agents or assigns (the "Releasees"), from and for any claims, costs or other damages incurred by the District and/or the Releasees as a result of any injury caused or suffered by the Participant. I further represent that the Participant is physically fit and there is no medical or other reason why the Participant should not participate in the activity.

This Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and if any portion is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE DISTRICT.

X _____
SIGNATURE of Participant

Date

IF PARTICIPANT IS UNDER EIGHTEEN (18)

I have read the above, been given opportunity to ask questions, consider its effects, understand its content, and agree, on behalf of myself and my child/ward, to the terms stated above. I will further indemnify the Releasees against any damages incurred as a result of any action by my child/ward including attorney's fees and costs.

Signature of Parent/Legal Guardian

Date

Name of Parent/Guardian

Name of Child Participant

Birthdate