



**Thompson School District R2-J
Acknowledgement of Risk and Hold Harmless Agreement
Name of School
Name of Class or Program
20__-20__ - School Year**

Acknowledgement of Risk

We acknowledge that participant could sustain various injuries, including serious catastrophic, death, or other consequences arising or resulting from participation in the activity. No amount of instruction or precautions will totally eliminate all risk of injury. The obligation of parents and children in making a choice to participate in an activity where the risk of injury may be inherent cannot be overstated. Accidents resulting in *death, paraplegia, quadriplegia, and other very serious physical impairment* as a result of participation can occur. Participants have the responsibility to help reduce the risk of injury by participating in the activity in a safe and effective manner. We acknowledge that participant is in good physical health and that participant is capable of participating in activities which may be strenuous.

Responsibility for Emergency Care

In consideration of this possibility, 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 Thompson School District has not purchased any health/dental or accident insurance to cover such expenses.

Release and Indemnification

We hereby assume all risk of injury or liability and waive any right of recovery from or to bring suit against, the Thompson School District, its employees or agents, for any personal injury, death, or other consequences arising out of participation in this activity. We also agree to release the District of any responsibility for damage to or loss of the participant's property occurring during or by reason of participation in this activity. 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.

We agree to indemnify and hold harmless the Thompson School District, its agents or employees from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to the participant's negligent and/or intentional acts, errors and omissions while participating in any aspect of this activity.

Permission

Participant and/or parent/guardian hereby grants permission of participation in this activity.

Your signature acknowledges that your child is being allowed to participate in Name of Class field work with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity.

Signature of Participant Date

Signature of Parent/Guardian Date

Please complete and return to Name of School / Name of Program