

Community Adventure Program
c/o Cherry Creek High School
9300 E. Union Ave.
Greenwood Village, CO 80111
720-554-2458



Cherry Creek
Schools

Dedicated to Excellence

**CHALLENGE COURSE
RELEASE, ACKNOWLEDGMENT OF RISK, ASSUMPTION OF PERSONAL
RESPONSIBILITY AND INDEMNITY FOR
STUDENT PARTICIPANT**

I/we understand that during my child's participation in Community Adventure Program Challenge Course activities, he/she may be exposed to risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Cherry Creek Schools, its employees or agents to guarantee or otherwise assure the effectiveness or use of safety measures, in every instance. I/we further understand that mistakes, errors or omissions may happen and that equipment may fail. Also, I/we understand that I/we assume the risk for any injuries or damages resulting from my child's participation in Community Adventure Program Challenge Course activities.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in club activities, and agree to advise my child to comply with the instruction and directions of Cherry Creek Schools staff members during their participation in Community Adventure Program Challenge Course activities.

I/we _____ in return for my child's opportunity to participate in the
(Parent/Guardian),
Community Adventure Program Challenge Course activities, which includes the use of equipment, do hereby exempt and release Cherry Creek School District #5, its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in Community Adventure Program Challenge Course activities, whether or not such damage, loss or injury results from the acts or omissions of the Cherry Creek School District #5, its directors, officers, employees, volunteers or agents, or any defective equipment. I/we understand that if I/we do not sign this Release, then my child will not be permitted to participate in Community Adventure Program Challenge Course activities. I/we hereby represent that I am/ we are 18 years of age or older, and that I am/ we are the parent(s)/guardians of _____(Student).

I/we further acknowledge that no representations or promises by Cherry Creek School District #5 representatives have been made to induce me to sign this release, and that I/we have read the CCHS Community Adventure Program Brochure attached hereto in which the elements of the course have been described, and have been given an opportunity to see the course itself.

I/we _____(Parent/Guardian), further agree to indemnify, hold harmless and defend Cherry Creek School District #5 from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted by _____(Student), or on his or her behalf, arising out of and in connection with their participation in Community Adventure Program Challenge Course activities, which indemnification shall include any costs attorneys' fees that may be incurred by the Cherry Creek School District No. 5 as a result of any claims, causes of action or demands.

PARTICIPANTS' NAME: (Please Print)

PARTICIPANTS SIGNATURE:

PARENT/GUARDIAN NAME: (Please Print)

PARENT/GUARDIAN SIGNATURE:

DATE _____

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EMERGENCY INFORMATION FORM STUDENT PARTICIPANT

NAME _____ BIRTHDATE _____ AGE _____

PARENT'S NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE # OF PARENT DURING DAY: FATHER _____ MOTHER _____

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED NOTIFY:

NAME _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

PREFERRED HOSPITAL: _____

KNOWN ALLERGIES AND OTHER MEDICAL CONCERNS:

The CCHS challenge course staff members may apply first aid treatment until professional medical personnel can be contacted and I/we give consent for CCHS staff members to use their own judgment in securing medical aid and ambulance service in case I/we cannot be reached.

Please initial: YES _____ NO _____

MEDICAL CARRIER _____ POLICY OR GROUP # _____

SUBSCRIBER NAME: _____

I/we understand that if I/we do not carry medical insurance that I/we are financially responsible for any medical injuries that may occur in this program. Please initial:
YES _____

PHOTO RELEASE: I/we authorize and release to Cherry Creek Schools and persons acting for or through them, the right to use, reproduce, assign and or distribute, photographs, films, videotapes and sound recordings of myself for use in materials they may create for Cherry Creek School District #5.

PARTICIPANTS' NAME: (Please Print)

PARTICIPANTS SIGNATURE:

PARENT/GUARDIAN NAME: (Please Print)

PARENT/GUARDIAN SIGNATURE:

DATE _____