



## Highlands Ranch High School Falcon Regiment 2021-2022

Welcome Marching Band Parents and Students,

We are thrilled you are interested in Highlands Ranch High School Falcon Regiment! Our Marching Band is truly a family and we are excited to have you. In addition to music and marching instruction, students will benefit from the program by gaining lifelong friendships and many skills in leadership, conflict resolution, problem solving and communication.

Our 2021 Marching Band registration packet consists of 3 steps:

- Step 1 - Online Registration
- Step 2 - Complete Enrollment Packet
- Step 3 - Submit Payment

This year, Mr. Rigolini and Mr. Barker will be writing a custom drill just for our students. All on-line registration, paperwork and payment must be turned in for your student to have a spot on the drill.

### **Step One:** Online Registration

Please click [here](#) to complete the Online Registration. **DUE Friday, July 16, 2021**

### **Step Two:** Complete Enrollment Packet - **Due Friday, July 23rd.**

**(Leadership ONLY - DUE - Monday, July 19th).**

The enrollment packet consists of 9 documents requiring parent and student signatures. Please complete these documents in full and bring them with you on your first day of Leadership or Band Camp. Any student who does not complete paperwork, will not be allowed to participate until completed.

**Completed paperwork must contain a copy of parent or guardian's Driver's License and Proof of Insurance.**

### **Step Three:** Submit Payment - **DUE Friday, July 23, 2021**

The total cost for the 2021 Marching Band season is \$500 per student.

The initial \$400 will be paid via your student MySchoolBucks account. Go to [MySchoolBucks](#), under the Athletics Category select HRHS Marching Band, select your student, add this item to your basket and check out. Please note that our "School Store" is currently being updated, and will be active in the coming days. The remaining \$100 will be assessed as an Activity Fee during the Express Check In process.

Should any family need assistance for a payment plan, you must reach out to the HRHS Bookkeeper, Richard "Derek" Steffes at [rsteffes@dcsdk12.org](mailto:rsteffes@dcsdk12.org) and make individual arrangements. Students who **do not pay** for the Marching Band item in the School Store; or who **do not** make payment arrangements with the HRHS Bookkeeper, **will not** be allowed to participate.

We are looking forward to a great Marching Band Season! If you have any questions, please don't hesitate to contact one of us.

Chris Rigolini, Director of Bands, [crigolini@dcsdk12.org](mailto:crigolini@dcsdk12.org)

Zach Barker; General Music Instructor, [zbarker@dcsdk12.org](mailto:zbarker@dcsdk12.org)

Co-Presidents: Natalie Guessas, Gail Howard, [hrhsband@gmail.com](mailto:hrhsband@gmail.com)

Co-Vice Presidents: Marianne Margheim, Scott Margheim; [hrhsband@gmail.com](mailto:hrhsband@gmail.com)

Secretary: August Link, [hrhsband@gmail.com](mailto:hrhsband@gmail.com)

Treasurer: Mia Haugum, [hrhsbb99@gmail.com](mailto:hrhsbb99@gmail.com)



## STUDENT FALCON REGIMENT CONTRACT

I, (student name) \_\_\_\_\_ recognize and accept the privileges and responsibilities of being a member of the 2020-2021 Falcon Regiment.

I have a copy of the schedule, and have looked ahead to make sure that all dates are cleared.

I will be present and on time for every rehearsal and performance. I understand that it is not acceptable to miss a rehearsal or performance for any reason other than a sudden family emergency or extreme illness. I recognize that all members of the band depend and rely on me to be present and prepared with my music and marching. I will attend rehearsals and performances with a positive, professional working attitude and treat others with dignity and respect. If I am unable to attend or expect to be tardy, I will notify Mr. Rigolini, my section leader and/or drum major(s) in writing as soon in advance of the absence as possible.

I will spend some time outside of rehearsals working on my own part, marching skills, and drill. I will dedicate myself to working proactively and productively on solutions instead of complaining. I will better myself by making positive change, visualizing positive outcomes, thinking critically, demonstrating intellectual curiosity, asking appropriate questions, and working towards the goal of making myself, my section, and the Falcon Regiment stronger and better than we ever have been. I will do my best to balance self-discipline, teamwork, hard work and fun.

I understand that participating in marching band as part of the band's overall education program is a privilege, not a right, and that my participation in the Falcon Regiment is voluntary. I understand that I am an important part of the Falcon Regiment and its potential success.

I will maintain academic eligibility under the guidelines set forth by the Colorado High School Activities Association (CHSAA) during the entire season of marching band. I will do my best to maintain a minimum Grade Point Average of 2.5. I understand that failing more than one class will jeopardize my participation in marching band, and may disqualify me from completing the season. I will plan my schedule and be disciplined with my time so I can be a well-prepared member of the band and a good student at the same time.

I promise to uphold the standard of conduct that is expected of a band member. I will do my best to make good choices, and act in a manner that reflects positively on my family and friends, the Falcon Regiment, and Highlands Ranch High School. I will do my best to act with the highest dignity and decorum in and out of uniform.

If I am having difficult with meeting any of my marching band obligations, I will discuss them with Mr. Rigolini or an adult staff member openly and honestly, as early as possible.

My parents and I have discussed this contract, and we understand and accept that if I do not meet the standards set forth, I may be removed as a member of the band. I will adhere to the above standards to the best of my ability at all times.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

Parent name (please print)

Parent signature



As a representative of DCSD's activity programs, I understand and accept that:

- It is my privilege and honor to wear my school colors
- I am a leader in and out of uniform
- My actions are a reflection of myself, my family, my school, and community
- I'm accountable for my performance in the classroom and my conduct in the community.

In exchange for the opportunity to participate in DCSD interscholastic activities and in accordance with Policy JJI, I agree to the following:

#### **Scope of Rules**

From the day a student first participates in a DCSD high-school Activity until that student graduates from high school, these rules remain in effect, throughout the school year, during summer, fall, winter and spring breaks, including weekends, vacations, and holidays, and regardless if the student is on or off DCSD property.

The consequences outlined here are in addition to, not instead of, those the student may receive under the DCSD's Code of Conduct, the Colorado High School Activities Association By-laws, sponsors' activity rules, or other sources. The Principal or designee may modify these consequences in particular cases or in general as he or she deems appropriate.

Although some prohibited behaviors listed below refer to DCSD's Code of Conduct, because these training rules are in effect at times and in places when the Code of Conduct may not be, and because students who participate in Activities are held to higher behavioral expectations than other students, the Principal or designee may determine that a student's conduct constitutes grounds for imposing an Activity penalty under these rules even when that conduct does not result in suspension or expulsion under the Code of Conduct.

#### **Prohibited Behaviors**

- Violating DCSD's policies regarding drugs & alcohol (JICH)
- Violating DCSD's weapons policy (JICI)
- Violating DCSD's gang-related behaviors and dress policy (JICF)
- Violating any criminal law
- Continued willful disobedience or open and persistent defiance of proper authority
- Willful destruction or defacing of school property
- Behavior detrimental to the student's, other students', or school personnel's welfare, health, or safety
- Any other conduct that would constitute grounds for suspension under DCSD policy JKD/JKE.

#### **Consequences**

The following minimum consequences may result whenever the Principal or designee concludes that a student has engaged in any of the prohibited behaviors listed above.

- First offense: Activities student will be suspended from a current or future event.
- Second offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction. If deemed appropriate by the School and District Athletic Director, the student may earn a lesser consequence.
- Third offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction, except that if a second offense suspension is still in effect, then the date of the third offense suspension will not begin on the date of the infraction, but rather will begin on the day after the second offense suspension ends.

**Tobacco Consequence Only:**

- First offense: The student receives a site and situation specific consequence.
- Second offense: Activities student will be suspended from a current or future event.
- Third offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction, except that if a second offense suspension is still in effect, then the date of the third offense suspension will not begin on the date of the infraction, but rather will begin on the day after the second offense suspension ends.

Nothing in these rules prohibits the Principal, designee, or individual coaches from establishing and enforcing additional rules applicable to Activities, such as lesser or different penalties for failing to exercise good sportsmanship at practices or competitions or for failing to demonstrate good citizenship at school or school-sponsored events.

*I have read and agree to follow these rules:*

\_\_\_\_\_

Student's Name (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's (or Guardian's) Name (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## School Sponsored Club/Activity Enrollment Form

Club/Activity Name: Marching Band  
 Dates of Club/Activity: July 2021 - Nov, 2021  
 School: HRHS  
 Student's Name: \_\_\_\_\_  
 Parent's Name(s): \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_

Sponsor Name: Chris Rigolini  
 Time: 6am - 12am  
 Grade: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

*This health and medication information will be shared with the school nurse and club/activity sponsor to provide for your child's safety and well-being during this activity.*

HEALTH INFO: Does your child have: (circle & please give specific information for all that apply)

**Life Threatening Allergies? NO YES**

Please List: \_\_\_\_\_

**Asthma? NO YES**

Specify: Inhaler Nebulizer Other

**Convulsions/Seizures NO YES**

**Diabetes? NO YES**

**Activity Limitations? NO YES**

Specify: \_\_\_\_\_

**Other?**

Specify: \_\_\_\_\_

**Will your child need access to any medications during this activity/club? NO YES**

**If yes, please specify name of medication:**

If so, you will need to supply this medication as Health Room access may not be available at the time of this club/activity.

\*\*\*Please note: ALL medications for club/activity must comply with district medication policy.

\*\*\*Club Sponsor- Please communicate with your School Nurse any health conditions reported

The purpose of this form is to provide access to the document in case the one sent home by the teacher is lost. This form is not valid until accepted by a teacher. Normally the location and date are filled out by the teacher.

# ATTACHMENT E

## DOUGLAS COUNTY SCHOOL DISTRICT

### FIELD TRIP PERMISSION FORM

Parent/Guardian of: \_\_\_\_\_ Please return by: \_\_\_\_\_

Trip to: 2021 Marching Band Events Date of Trip: \_\_\_\_\_ Fee: \_\_\_\_\_

Because this activity will take place away from your child's school, there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

The School District's responsibility for injuries to students, or damage to their property in connection with these activities is defined by Colorado law. Generally, the District has immunity from most claims, such as those resulting from the general supervision of students.

The School District does not have any medical/dental/hospitalization insurance covering students for injuries incurred at school or while on field trips. If you have not already done so you should investigate and must obtain medical insurance coverage for your child.

If your child fails to abide by District rules of conduct and teacher instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field-trip. I hereby release and hold harmless the District, its director, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above reference field trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MEDICAL EMERGENCY/CONSENT FOR FIELD TRIP

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_ give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to the Douglas County School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

\_\_\_\_\_

My student has the following medical condition(s), which may require emergency care (include allergies):

\_\_\_\_\_

#### EMERGENCY CONTACTS FOR DAY(S) OF FIELD TRIP

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_



**DOUGLAS COUNTY SCHOOL DISTRICT RE-1**  
**Transportation Awareness**  
**Consent and Release**

STUDENT NAME: \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

The Douglas County School District (the "District") provides District transportation for students to and from a great many activities, events, matches and games. However, the District is unable to provide District transportation in all circumstances and to all events. When District transportation is not available, it is the student's parent's/guardian's responsibility to provide or arrange for their student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Therefore, we, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles and, if applicable, consent to our child's use of a vehicle to transport himself/herself to off-campus events. We hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my/our child's utilization of or participation in any non-District transportation, whether furnished by us, our student, parent or otherwise.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



Douglas County School District  
**COMMUNITY**  
**VOLUNTEER APPLICATION**

**\*SCHOOLS: SEND APPL W/COPY OF COLORADO DRIVER'S LICENSE**

**FOR OVERNIGHT CHAPERONES & COACHES ONLY:**  
**RISK MANAGEMENT - Debbie.Warren@dcsdk12.org**

**FOR ALL OTHER NON-PARENTS: SECURITY**  
**volunteer-backgroundusergroup@dcsdk12.org**

1. Personal Information

Name (please print) \_\_\_\_\_ **Colorado Driver's License** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_

2. Placement Information

School/Classroom

Volunteer Coach  
(MS or HS Athletics)

Elementary Enrichment  
(Before/After School Programs)

Overnight Chaperone/Driver: Date of Overnight Trip \_\_\_\_\_

School Requested

Contact Person at School

School Contact Email

3. Work Experience

Current or Most Recent Position \_\_\_\_\_ Organization \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Employment Dates (Mo/Yr - Mo/Yr) \_\_\_\_\_

Specific Responsibilities \_\_\_\_\_

Reason for leaving (if applicable) \_\_\_\_\_

4. References

Please list three people who you have known in a work and/or volunteer capacity or on a personal level:

Name	Work/Home/Cell Phone	Relationship
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Name	Work/Home/Cell Phone	Relationship
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Name	Work/Home/Cell Phone	Relationship
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Douglas County School District

**COMMUNITY  
VOLUNTEER APPLICATION**

5. *School/Classroom Experience*

For the best possible placement, please answer the following questions:

1. What experience have you had working with children?

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2. Do you have any special skills, qualifications or capabilities that would help us place you?

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3. What type of volunteer work are you most interested in?

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6. *Additional Information*

Have you ever been convicted of, pled nolo contendere (no contest) to, or received a deferred sentence or deferred prosecution for a felony, a misdemeanor crime involving unlawful sexual behavior, or unlawful behavior involving children?  Yes  No

Have you ever been convicted of any other misdemeanor, other than a misdemeanor traffic offense or traffic infraction? (Conviction will not automatically disqualify you.)  Yes  No

If your answer is "Yes" to either of the above questions, please provide the details, including a description of the felony or misdemeanor charge, the date of the disposition of the charge, and the court involved: \_\_\_\_\_

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**Please read carefully:** As a Community Volunteer assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Principal or the Principal's designee to act as a school official subject to the direction and control of the school's administrators and teachers. You understand and agree that your failure to maintain the confidentiality of all student education records and information to which you are given access may disqualify you from further service as a community volunteer in the District.

By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

**\*\*\* PLEASE ATTACH A PHOTOCOPY OF YOUR VALID COLORADO DRIVER'S LICENSE TO THIS APPLICATION \*\*\***

Applicant Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL DISTRICT BUSINESS**

Please print and complete all boxes.

**I. Driver Information**

Driver's Name	School Dept	Purpose(s)
Driver's Address	Phone	Relationship with District
Date (s) of Driving	# of Passengers	Vehicle description

**II. CERTIFICATION**

In accordance with District Policy, approval is requested to use a privately owned automobile on official school district business.

- I certify that my privately owned vehicle, while used for District business, will always be:
  - Covered by liability insurance for the minimum amount prescribed by the District: \$300,000 single limit or \$100,000/\$300,000/\$25,000 automobile liability insurance with Uninsured/Underinsured coverage.
  - Equipped with one fully functional seat belt for every passenger.
  - To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work performed.
- I further certify that while using a privately owned vehicle on official District business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 6 years of age (per Colorado State Law).

Note: Any traffic accidents, no matter how minor, will be reported immediately to Risk Management at 303-387-0035.

- I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver's license as follows:

License Number	Date of Birth	Expiration Year
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- I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

**III. PROOF OF INSURANCE**

Insurance Company	Policy No.	Expiration Date
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Attached is a copy of my current policy declarations page (or insurance card) stating my coverage limits, policy effective dates, and covered vehicle information.

**IV. RECOMMENDATION**

Use of privately owned vehicle on School District business is recommended.

\_\_\_\_\_  
Site administrator's signature

\_\_\_\_\_  
Date

**V. Approval**

\_\_\_\_\_  
Risk Management

\_\_\_\_\_  
Date

**INSTRUCTIONS**

- This form should be submitted to the Principal's secretary so it can be received by Risk Management a minimum of two weeks prior to the event to ensure adequate time for the approval process.
- A copy of Proof-of insurance must be attached as described and the form signed by the site administrator before approval will be given.

C&E reviewed 11/03 Stock# 4033 AO Original - Risk Management Copy - School Copy - Parent Copy (after approval)

**DOUGLAS COUNTY SCHOOL DISTRICT**  
**In-person Athletics and Activities**  
**Summer 2020**

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR SUMMER ACTIVITIES**

***(BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!)***

Due to the COVID-19 pandemic, the Douglas County School District ("District") is offering modified summer activities. Participation in the District's summer activities is entirely voluntary and at participant's sole risk. **COVID-19 is extremely contagious** and is thought to spread primarily from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and, in some locations, have prohibited large gatherings of people. The District is implementing preventative measures intended to reduce the risk of COVID-19 transmission during its activities. However, the District **cannot guarantee** that a participant will not become infected with COVID-19. **Participating in the District's summer activities could increase a participant's risk of contracting COVID-19.** Participants shall comply with District policies, rules, and regulations during summer activities, including those measures implemented by the District to reduce the risk of COVID-19 transmission. Participants who fail to comply with such measures will not be permitted to participate.

**PARTICIPANT NAME:** \_\_\_\_\_

**ASSUMPTION OF RISK:**

As the undersigned parent or legal guardian of the participant identified above ("Child"), I understand and hereby acknowledge that Child's participation in the District's summer activities ("Activities"), involves inherent risks and hazards, including without limitation, dehydration, heat exhaustion, heat stroke, drowning, suffocation, hypothermia, frostbite, sunburn, dehydration, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, blisters, burns, muscle soreness, bruises, sprains, dislocations, lacerations, fractures, concussions, paraplegia, quadriplegia, transmission of communicable diseases, including but not limited to COVID-19, or other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I hereby give my permission for the Child to participate in the Activities. I freely accept and fully assume all risks, dangers, hazards, and costs of Child's participation in the Activities. I represent that the Child has no medical or physical conditions that could interfere with the Child's safety or the safety of others while engaging in the Activities. I understand and agree that (i) the District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while engaged in the Activities and related activities; (ii) the District and its employees, contractors, agents and volunteers may chaperone and admit the Child to a medical facility or seek emergency medical transportation services for the Child for purposes of receiving emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider, understanding that reasonable attempts will first be made to contact me at the contact information I supplied to the District, time and conditions permitting, and that I am solely responsible for any costs associated therewith; and (iii) I bear all costs of injury to the Child or damage to the Child's property.

I acknowledge and agree that the Child shall comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, including those implemented to reduce the risk of COVID-19 transmission, as related to the Child's participation in the Activities or use of any equipment provided in furtherance thereof, and I acknowledge that the District will suspend or revoke the Child's participation in the Activities if the Child does not comply with said policies, rules, regulations, and instructions.

I understand that the District cannot accept and will not have any responsibility for the Child's or any third party's intentional or negligent acts or omissions, including product liability, occurring during the Child's participation in the Activities.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS:**

In consideration of the District allowing the Child to participate in the Activities, on behalf of the Child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on the Child's behalf against the District, its elected officials, directors, officers, employees, contractors, agents and volunteers (collectively hereinafter referred to as the "Released Parties"), arising directly or indirectly from the Child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liabilities, claims, causes of action, losses, damages, injuries or expenses that the Child may suffer as a result of, but not limited to, the Child's participation in the Activities.
3. TO INDEMNIFY RELEASED PARTIES and each of them for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the Child's acts or omissions or as a result of injury or loss sustained by the Child while participating in the Activities.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be governed by, interpreted in accordance with the laws of, and enforced in the federal and state courts of the State of Colorado.

I HAVE FULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY FOR THE ACTIVITIES AND AGREE TO BE BOUND BY IT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THIS ENTIRE DOCUMENT, CONSIDER ITS EFFECTS, AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY THE CHILD IN THE ACTIVITY IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF THE CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE DISTRICT. I SIGN THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

**Parent(s)/Guardian(s)/Legal Custodian(s)**  
Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent(s)/Guardian(s)/Legal Custodian(s)**  
Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student**  
Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_