

CHERRY CREEK SCHOOL DISTRICT
West Middle School
PERMISSION TO PARTICIPATE/
RELEASE, ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF
PERSONAL RESPONSIBILITY AND INDEMNITY

I/We, the undersigned Parents/Guardians of _____ (herein Child), hereby give our consent and permission for our child to participate in and attend the Wildcat Challenge Event Day (Activity) which shall occur on Thursday, September 11, 2025

I/we understand that during my child's participation in the Activity; he/she may be exposed to risk or possible injury. I/we understand that I/we assume the risk for any injuries or damages resulting from my child's participation in this activity. 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 the activity. I/we understand and accept that Cherry Creek School District and its schools cannot delay the return of students, staff, and other chaperones due to the illness or injury of/to your child. I/we understand that I/we assume the risk and costs to travel to care for my child if my child contracts an illness/injury, including COVID, that prevents my child from traveling to or home from the activity on the scheduled flight or ground transport.

I/we understand, and my child agrees, that my child is to adhere to all school and Cherry Creek School District student policies and procedures, including disciplinary policies and procedures, while on this trip. I/we grant permission to the Sponsors to do what is recommended and necessary to control or modify any behavior by my child who they (sponsors) perceive as being a violation of these policies and procedures and to do so in a manner that promptly solves the perceived violation.

I/we, in return for my child's opportunity to participate in the Activity do hereby exempt and release Cherry Creek School District, 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 the activity, whether or not such damage, loss or injury results from the acts or omissions of Cherry Creek School District, its directors, officers, employees, volunteers or agents. I/we understand that if I/we do not sign this Release, then my child will not be permitted to participate in the Activity. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s) guardian(s) of the Participant.

Cherry Creek School District reserves the right to cancel any trip or activity, for a single participant, number of participants or the entire group at any time it believes it is necessary for the health or safety interest of students and/or staff members. If such action is made, the District does not assume any liability for any loss or damage related to the cancellation decision.

I/we further acknowledge that no representations or promises by Cherry Creek School District representatives have been made to induce me to sign this Release. I/we further agree to indemnify, hold harmless and defend Cherry Creek School District, from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted by the Participants participation in the Activity which indemnification shall include any costs and attorneys' fees that may be incurred as a result of any claims, causes of action or demands. This release is valid and effective whether the damage, loss or injury is a result of any act or omission on the part of Cherry Creek School District or its agents, volunteers, or employees. I understand that I voluntarily give up my right to sue the above-mentioned parties.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST CHERRY CREEK SCHOOL DISTRICT. IF ANY ATTEMPT FOR CLAIM IS MADE, I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL DEFENSE COSTS INCURRED.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Parent/Legal Guardian

Date

CHERRY CREEK SCHOOL DISTRICT

MEDICAL AUTHORIZATION

I/We, the undersigned Parents/Guardians of _____ (Student), understand that Student may need medical attention during the trip or activity. I/We hereby give our consent and permission for the above-named Student to (1) be treated by any medical provider, nurse, physician or surgeon as may be deemed necessary by CCSD, its agents, servants or employees during the trip or activity; (2) be administered medication and or emergency first aid care by CCSD staff as may be necessary, appropriate or planned for; (3) receive treatment in hospitals, medical offices, clinics or elsewhere in the event of accident or illness. In the event that Student needs such medical attention, CCSD staff will attempt to contact me/us or other people named on this form. Additionally, I/We hereby understand that CCSD staff will grant and authorize CCSD staff to take whatever action is deemed necessary in their judgment for the medical or emergency healthcare treatment of aforesaid Student.

I/We understand that the District does not provide health or medical insurance for students. I/we further understand that I/we are responsible for payment of all health, medical and emergency care treatment provided for my child while participating on this trip.

I/We understand and agree that neither the CCSD nor its agents, servants or employees are responsible for obtaining or for the result of any medical or emergency treatment rendered or supplied to the student. I/we further agree to indemnify, hold harmless and defend Cherry Creek School District, from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted arising out of any form or the lack of medical or emergency treatment rendered to the Student.

List any allergies, medications or other medical problems for your student:

My child has an Individualized Healthcare Plan ("IHP"), Section 504 Plan or IEP: Yes:___ No:___

If yes, I have discussed this plan with the sponsor of this activity. Yes:___ No:___

Parent/Guardian Home Phone _____

Parent/Guardian Work Phone _____

Alternate Emergency Phone Number _____

Insurance Company _____ Policy Number _____

The Parent/Guardian by his/her signature hereto fully agrees and consents to the foregoing.

Signature of Parent/Legal Guardian

Date