



Dear cityWILD families:

Attached is the registration packet for your son or daughter to participate in program. The cityWILD staff understands there are a lot of forms to complete. However, we ask that you take time to complete each form **completely** so your child can begin program as soon as possible.

Please note there are two risk waivers attached to this packet, unless you read them carefully, they appear identical. One waiver is for our fall/winter activities and one waiver is for spring/summer activities. Please make sure to sign both, it is very important.

Also, we have decided to attach the additional waivers for our partnering organizations to this packet. (These are the forms you ordinarily get throughout the year.) Our hope is this will make the process simpler. For smaller individual activities there may be a few extra waivers sent home, but much less than in previous years once this packet is complete.

Thank you for your patience while we strive to find the best system. Please contact the office **303/227-6862** if you have any questions. Your feedback is always welcome.

Sincerely,

Nicole Todd, Director of Support Services.



Dear Parent/Guardian,

cityWILD is a year-round experiential outdoor adventure program serving youth from 6th to 12th grade. Students will participate in activities such as: **camping, rock climbing, snow boarding, and rafting.** cityWILD has four components to its program:

- **After-School Programs** (leadership, internships, drug and alcohol prevention, outdoor skills)
- **Academic Support**
- **Weekend Adventures and Expeditions**
- **Support Services** (Support for students and families)

After-school programs:

- cityWILD offers after-school programs Monday through Thursday at our office on 36th and Franklin (across the Street from Wyatt-Edison Charter School.)
- The after-school curriculum includes topics such as leadership, drug and alcohol prevention, service learning, and environmental ethics.)
- Activities will take place on-site and in the community.
- cityWILD will transport students, who attend partnering schools, to the office after school. Staff will also provide transportation to any off-site activities.

Academic Support:

- cityWILD provides individual and group tutoring during daily homework time each program day
- cityWILD communicates regularly with teachers to find out about grades and test scores
- cityWILD assist students in applying for scholarships and college

Weekend Adventures and Expeditions:

- cityWILD takes students on overnight adventures on weekends throughout the year to introduce them to the world of outdoors
- cityWILD also takes students on a spring break trip and 5 day trips throughout the summer in order for students to have longer experiences in the outdoors to practice the skills they learn.

Case Management/Social Work Support

- cityWILD has a social worker on staff to provide support to students and their families.
- Support services include, but are not limited to: **crisis intervention, community referrals, and family support**

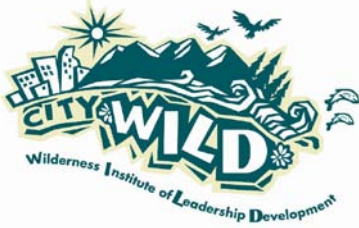
Details

- **All programs are free**
- cityWILD provides students will any necessary gear needed to participate safely in activities
- All trips and activities are led by professionally trained staff
- Students who are interested in participating need to complete and return the attached paperwork.
- **cityWILD is located at 1620 E. 36th ave, across the street from Wyatt Edison Charter School.**

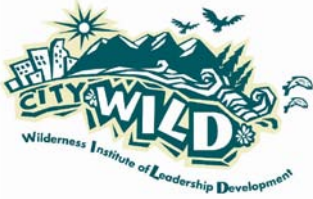
If you have any questions or concerns about the information provided in this packet please feel free to contact us at any time.

Virginia Sisneros, Program Director
Office Phone: 303/227-6862
Cell Phone: 720/475-0272

Nicole Todd, Director of Support Services
Office: 303/227-6862
Cell Phone: 303/594-7931



Student Information			
First Name:		Last Name:	
Address:			
City:	State:	Zip:	Date of Birth:
Student Email:		Home Phone #:	Student Cell #:
Neighborhood: (e.g. Cole, Five Points)		Ethnicity:	Gender:
Primary Language Spoken at Home:			
Parent/Guardian Information			
Parent/Guardian status: Single Married Partnered Divorced Widow/Widower Other: _____			
Parent/Guardian Name:		Parent/Guardian Name:	
Parent/Guardian Cell #:		Parent/Guardian Cell #:	
Parent/Guardian Work #:		Parent/Guardian Work #:	
Parent/Guardian Email:		Parent/Guardian Email:	
Emergency Contact Information (In the event of an emergency, if you cannot be reached, this person will be notified.)			
Name of Person (Other than parent or guardian):		Relationship of Person:	
Emergency Contact Home Phone #:			
Emergency Contact Cell Phone #:		Primary Language:	



Program/School Information	
Name of School :	Student Grade:
Classes Student Enjoys or Does Well In:	
Classes Student Needs Support In:	
Does your child receive free or reduced lunch at school yes no	
Describe Student's swimming ability: <div style="display: flex; justify-content: space-between; font-size: small;"> Can't swim Beginner (comfortable in shallow end) Intermediate (can swim one pool length) Advanced (can swim 2 pool lengths) </div>	
Can student ride a bike? Yes No	
Medical History	
Does Student Have Any Medical Problems or disabilities? Yes No If Yes, Please Explain:	
Does Student Have Any Mental Health or Behavioral Challenges? Yes No If Yes, Please Explain:	
Does Student Have Any Allergies: Yes No If Yes, Please List:	
Is Student Taking Any Medications Yes No If Yes, Please List (name and purpose):	
When was Student's Last Tetanus Shot: Date: _____	
Does Student Have Health Insurance: Yes No	
If Yes, Name of Carrier: _____ Policy/Group # _____	
Student Signature: _____ Date: _____	
Parent Signature: _____ Date: _____	
The following questions are voluntary and will be used only for the purpose of informing our funders about who participates in cityWILD. Any identifying information will be kept confidential, your names will not be released with any personal information.(please circle)	
Family Income: \$0-12,000 \$12,001-\$25,000 \$25,001-\$40,000 \$40,001-\$75,000 \$75,001-\$100,000 \$100,001+	
Source of Income: part-time employment full-time employment TANF Disability SSI Other: _____	
Parent/Guardian Education: Some High School HS Diploma GED Associate's Bachelor's Master's Doctorate Other: _____	



Walking to Program/Home

Dear Parents and Guardians:

cityWILD provides transportation after school to the cityWILD office from our partnering schools, (Wyatt-Edison, Bruce Randolph, Pioneer, Harrington, and Whittier.) cityWILD also provides transportation home for students who do not have rides home AND live in nearby neighborhoods. However, many times students prefer to walk to the office (located on the corner of 36th and Franklin, across the street from Wyatt-Edison Charter School,) and request to walk home following program. Please indicate below if your child has permission to walk to the office, walk home, or what kind of transportation they will use to get home.

My son or daughter's name is: _____

_____ My child **has permission** to walk from school to the cityWILD office at any time.

_____ My child **does not have permission** to walk to the cityWILD office. Please transport my child from school to the cityWILD office in a cityWILD vehicle.

_____ My child **has permission** to walk home after program at 5:30pm.

_____ My child **does not have permission** to walk home after program at 5:30pm.

_____ I will pick up my child from the cityWILD office after program at 5:30pm.

_____ My child will take the RTD bus or light rail home after program at 5:30pm.

_____ My child will need a ride home from cityWILD staff after program at 5:30pm.



PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of CityWild, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CW"), I hereby agree to release, indemnify, and discharge CW, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in snow skiing, boarding, snowshoeing, and/or cross country skiing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from their guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; exposure to potentially dangerous wild animals; my own physical condition, and the physical exertion associated with this activity. Weather and altitude can be extreme and can change rapidly without warning. The areas may not have been traveled previously and are not regularly patrolled. Natural forces including steepness of slopes, snow depth, instability of snow pack or varying and difficult weather and snow conditions may cause avalanches. Communication in this mountain terrain is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available. Furthermore, CW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, other environmental conditions. They might misjudge whether the terrain is safe for travel or where or when an avalanche may occur. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CW's equipment or facilities, **including any such claims which allege negligent acts or omissions of CW.**

4. Should CW or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. In the event of my death or incapacity, this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assignees and representatives.

6. In the event that I file a lawsuit against CW, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CW on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by CW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CW from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of CityWild, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CW"), I hereby agree to release, indemnify, and discharge CW, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, backpacking, fishing, rock climbing, river trips, and ropes course entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain; slipping and falling; falling objects; exposure to temperature and weather extremes which could cause cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exhaustion; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; being impaled by a fishing hook and other equipment failure; the use of climbing ropes and equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; being struck by rock fall or other objects dislodged or thrown from above; water hazards; accidental drowning; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; my own physical condition, and the physical exertion associated with this activity. Furthermore, CW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CW 's equipment or facilities, **including any such claims which allege negligent acts or omissions of CW.**

4. Should CW or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CW, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CW on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by CW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CW from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



Consent to Release Student Records

cityWILD monitors students grades, test scores, and attendance in order to know how to best support students academically. We need parent or guardian permission to release student records. Please complete the following consent form and return.

I, _____, * give permission to the Denver Public Schools to release the following records: **Grades/IEP/Testing History/504's, Attendance**

Records, Social/Behavioral Records of _____ /_____/_____
(Name of student which appears on Records) (Birth date)

from: _____ &/or _____
(Elementary School)** (Middle School/High School)

to: cityWILD, 1620 E. 36th Ave, Denver, CO 80205

*Note: If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age, the release must be approved by that individual.

** If your child is coming from a different elementary school, please fill out both schools

These records are to be released for the following reason (s):

To learn what kind of support individual students need to be more successful in school and to track whether participating in cityWILD programs improves students' school performance.

Parent/Guardian Signature – (See note above)

Date

This release is good for 1 year from the date signed and can be revoked in writing at anytime by parent/guardian/ or individual if over the age of 18.

Note to Agency requesting records:

- A. It is agreed that upon receipt of these records your agency will not release the record(s) or any information there in to any other person or agency without prior written consent of the parent or student if over 18 years of age.
- B. The parent or guardian of the aforementioned pupil, or the pupil if 18 years of age or over, may obtain of copy of these records. If copy is desired, notify the custodian of the record, as appropriate.



Waivers and Consents

Movie Rentals – Occasionally movies with relevant themes to discussion topics may be selected with an R rating. Staff will use their discretion to prevent the viewing of nudity, sexually explicit and violent materials. In these circumstance the movies will be used for educational purposes.

Evaluation – cityWILD relies on research and evaluation to assess the effectiveness of the program. To do this, we need to have students fill out questionnaires about their participation in the program. This includes multiple choice and anecdotal information. Students remain anonymous. Only the results of evaluation will be used, for internal uses as well as sharing with other organizations and media.

Photos-cityWILD often captures students' participation in programs and trips through photography. These pictures are primarily for the purposes of recording cityWILD history. However, occasionally these photographs are published in brochures and other contexts and shared with the public. These images become the exclusive rights of cityWILD.

Transportation-cityWILD regularly facilitates programs off-site, which means on any given program day Monday-Thursday, students may be participating in activities in the community. **cityWILD does have scheduled activity days during the week, but sometimes we take additional trips to compliment the day's lesson.** These trips are a regular component of the program and locations may change day-to day based on availability and weather. cityWILD does its best to inform families when we will be off-site, however we request that **if you will be picking your child up early from program or if your child will be arriving late that you notify us ahead of time so we can make arrangements if a trip is planned for that day.** In the event of an emergency, the staff supervising your children will be accessible by phone if they are on a trip.

I, _____, give my permission for my child _____ to
Name of parent or guardian Child's name

(Please check the relevant items below.)

- _____ Watch films with an R rating, supervised by staff for educational purposes.
- _____ To participate in evaluation questionnaires to assess the effectiveness of the program
- _____ To have pictures taken during cityWILD programs that may be published in brochures.
- _____ To be transported to trips during after school programs, weekend adventures, and expeditions.

Signature of parent or guardian

Date

Note: If you do not wish for your child to participate in one or more of the items listed, please indicate which ones here _____



cityWILD Policies

Discrimination Policy

cityWILD is an inclusive organization regardless of race, gender or gender expression, culture, religion, sexual orientation, or economic status. Discriminatory remarks and behavior will NOT be tolerated. If this behavior is observed, it will be addressed. Students may be sent home and follow up could be necessary with the student's family.

Sight and Sound

All students are expected to remain within 100% sight or sound of a staff or crew leader at all times, no exceptions.

cityWILD's Expeditionary Behavior

Selflessness

1. Treat others as you would like to be treated.
2. Think of others before yourself.
3. Group needs before personal needs.

Leave No Trace (LNT)

4. Pick up after yourself - No one should know you were there.
5. When in Public, leave a good impression of yourself and cityWILD.

Bomb Proofing

6. Keep your area neat and organized.
7. Know where your things are at all times.

Please be aware if students violate of the expectations listed above, they may be sent home from program, a weekend adventure, or a summer expedition.



cityWILD Non-Negotiable Rules

1. Every student will equally respect all individuals in program.
2. Every student will respect his or herself. cityWILD will challenge students to develop confidence and improve skills through activities, by taking risks, and developing friendships.
3. There will be NO use of drugs, alcohol, or tobacco products, or any lingering effects.
4. All students must participate at some level while at cityWILD, recognizing that students' ability to fully be part of program can vary from day to day. However, if a student is not participating at all, he or she may be sent home for the day.
5. No form of Sexual harassment or sexual remarks / actions will be tolerated.
6. In order to maintain trust and appropriate relationships during program and on overnight trips, cityWILD students are encouraged not to date each other.
7. Opening & Closing counsel will be held every day to start and end program. Students are expected to be a part of these group activities regardless of mood, participation level or desire. If a student will be late to program or needs to leave early, cityWILD requests that prior arrangements are made with the staff.
8. No student will be pressured beyond positive encouragement by staff or students to participate in an activity in which he/she feels uncomfortable or unsafe. cityWILD is a challenge by choice program
9. Cursing / Swearing will be kept OUT of program. Especially when speaking to or about another person.
10. Shoes will be worn at ALL times in program (except in tents).
11. cityWILD provides students with snacks and food during trips. Students are not permitted to bring outside food to program.

These ground rules will be our foundation for FUN!! 🍁

TRIPS FOR KIDS DENVER

THIS FORM MUST BE READ, COMPLETED IN FULL, SIGNED AND GIVEN TO THE TRIPS FOR KIDS – DENVER LEADER BEFORE THE PARTICIPANT MAY GO ON THE OUTING.

EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of Trips for Kids Denver its outing leaders, officers, agents, and volunteers (collectively referred to herein as "TFKD"), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the TFKD activity, and our heirs, agree as follows:

I understand and am aware that hiking, backpacking, rock climbing, mountain biking, swimming, and related activities including, among others, use of TFKD bicycles and other equipment (referred to herein as "Activity"), and transportation to and from such Activity, are HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child listed below to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to INDEMNIFY AND HOLD HARMLESS TFKD from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by NEGLIGENCE, in any way connected with this Activity. I further AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THIS ACTIVITY, even if caused by NEGLIGENCE. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for myself and/or my minor child. I AUTHORIZE TFKD AND THE OUTING LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the outing leader(s). In addition, I authorize TFKD to call for medical or dental care for myself and/or my minor child if, in the opinion of TFKD, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of Colorado Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

To accomplish our goals, Trips for Kids Denver frequently sends press releases and photographs to the media (newspaper, radio, television and the internet) and uses photos in our own publications. It is the right of the individual whether or not to consent to the use of his/her photograph and/ or name for the above publicity purposes. I hereby authorize Trips for Kids to use any photos taken of me during Trips for Kids Denver activities.

_____ YES _____ NO

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED ON PAGE ONE AND PAGE TWO OF THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE PAGE 2 OF THIS AGREEMENT AS NECESSARY. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS, AND VOLUNTARILY SIGNED THIS AGREEMENT.

[PRINT NAME OF PARTICIPANT]

[AGE]

[NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

X _____ Date: _____ Emergency Phone#: _____

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT]

YOU MUST ALSO READ AND COMPLETE PAGE TWO OF THIS AGREEMENT

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

This information may be used for more than one outing. You must inform the outing leader if any of this information changes from outing to outing.

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant) _____

Address: _____

Phone: _____ Birth date: _____

Date of most recent tetanus toxoid booster: _____

2. Allergies to drugs, foods, insect bites, etc.: _____

3. List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):

5. List all medical conditions of which the outing leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):

Family Physician (Name, Address, Phone): _____

Insurance Company: _____ Policy# _____

List the persons we should call in case of an emergency. We will try to contact them in the order that they are listed.

1. _____
Name Relationship Daytime Phone Evening Phone

2. _____
Name Relationship Daytime Phone Evening Phone

3. _____
Name Relationship Daytime Phone Evening Phone

YOU MUST ALSO READ AND SIGN PAGE ONE OF THIS AGREEMENT

COLORADO MOUNTAIN CLUB:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

American Mountaineering Center Climbing Wall

INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter, "Document") carefully before signing. All participants must sign this Document. For participants under 18 years of age (hereafter sometimes "minor" or "child"), one of the participant's parents or legal guardians (collectively referred to in this Document as "parent/s") or both parent/s, if available, must also sign.

In consideration of the Colorado Mountain Club, Inc., and its owners, members, officers, directors, employees, agents, representatives, volunteers, independent contractors, and all other persons or entities associated with them, including specifically the American Mountaineering Center LLC, the American Alpine Club, and Outward Bound, Inc. and each of their respective owners, members, officers, directors, employees, agents, representatives, volunteers, independent contractors (individually and collectively referred to in this Document as "CMC") in providing services, facilities or premises, including access to the American Mountaineering Center Climbing Wall (hereafter "climbing wall"), **I (participant and parent/s of a minor participant) acknowledge and agree as follows:**

ACKNOWLEDGMENT AND EXPRESS ASSUMPTION OF RISKS

Participant educational, instructional and/or recreational activities (which may be scheduled or unscheduled, supervised or unsupervised and include free time) taking place on the American Mountaineering Center premises (hereafter "premises") or otherwise, including on the climbing wall, may include but not be limited to: climbing, rappelling or belaying on artificial surfaces and related instruction; and games and social, sport or other activities (collectively referred to in this Document as "activities"). **I acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as "risks") of these activities can cause injury, damage, death or other loss to participant or others.** Parent/s of minors give permission for their child to participate in all CMC activities and agree to discuss the nature of these activities and risks with their child. **The following describes some, but not all of those risks:**

Climbing risks. Risks in climbing on artificial climbing walls include the possibility of slipping and falling partway or to the ground; belayer inattention or error; rope burns; pinches; jolts; losing grip on a climbing hold; impacting the climbing wall, objects or people; loose or damaged climbing holds and equipment failure or misuse.

Equipment risks. Activities may require participants to use technical equipment that they are not familiar with or that may be difficult to use. In addition, equipment can be used incorrectly, or may break, fail or malfunction. Equipment used may include but not be limited to: artificial climbing holds and anchor points, ropes, slings, harnesses, climbing shoes, helmets and climbing hardware. This includes participant's personal equipment or equipment borrowed from CMC. CMC may use helmets or other safety gear for some activities. Safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of such gear.

Risks involved in decision making and conduct. These risks include the risk that a CMC staff member, representative, contractor, co-participant or other party may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction or assistance.

Personal health and participation risks. These activities may place unique and significant demands on participant, particularly on the cardiovascular system. As a result, there is a risk that participant's mental, physical or emotional condition (including any use or abuse of prescription or non-prescription drugs), whether disclosed or undisclosed, known or unknown, combined with participation in these activities, could result in injury, damage, death or other loss. Participant may need to consult with a physician before participating, and understands it is participant (and parent/s of minors) responsibility to consider whether these activities are appropriate for participant.

Risks regarding conduct. These risks include the risk that the participant or other participants may act carelessly or recklessly.

Premises risks. There are risks associated with engaging in activities on the premises, including on the climbing wall.

These and other risks may result in participants: falling partway or falling to the ground; being struck; colliding with or impacting the climbing wall, objects or people; reacting to increased exertion; or experiencing other problems. These and other circumstances may cause heart or lung complications, dehydration, sprains or strains, broken bones, paralysis, mental or emotional trauma, concussions or other head injuries, or other injury, damage, death or loss.

I (participant and parent/s of a minor participant) agree:

- to accurately complete all required forms, abide by the terms of those documents, and obey all CMC rules and other policies;
- to review all CMC information and materials received, and understand that CMC representatives are available should I have further questions about these activities or the associated risks;
- to disclose to CMC representatives any mental, physical or emotional condition/s or limitation/s which might affect participant's ability to participate, and represent that participant is fully capable of participating without causing harm to him/herself or others;
- CMC uses volunteers to assist with, and sometimes lead activities. These individuals are not paid professional guides or leaders. In all activities, all participants share in the responsibility for their own well-being and the well-being of the group;
- the information provided above is not exhaustive, other unknown or unanticipated activities, risks, and outcomes may exist, and CMC cannot assure participant's safety or eliminate any of these risks.
- **Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of minors) expressly assume and accept full responsibility for participant, for all the inherent and other risks (both known and unknown) of these activities, and for any injury, damage, death or other loss suffered by participant (and parent/s of minors), resulting from those risks, and/or resulting from participant's own negligence or other misconduct.**

Page 1 of 2 - Please read both pages carefully and sign on page 2!

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. I (adult participant, or parent/s for themselves and for and on behalf of their participating minor child) agree:

(1) to release and agree not to sue CMC, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter "claim" or "claim/s"), for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in CMC' activities, and/or use of any equipment, facilities or premises. I understand I agree here to waive all claim/s I or my child may have against CMC, and agree that neither I, my child, nor anyone acting on my or my child's behalf, will make a claim against CMC as a result of any injury, damage, death or other loss suffered by me or my child;

(2) to defend, indemnify ('indemnify' meaning protect by reimbursement or payment) and hold harmless CMC with respect to any and all claim/s: a) brought by or on behalf of me, my child or a family member for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in CMC activities, and/or use of any equipment, facilities or premises; and/or, b) brought by a co-participant or other person for any injury, damage, death or other loss to the extent caused by my/my child's conduct in the course of participating in CMC activities and/or using any equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s resulting from CMC's negligence (but not its gross negligence, or willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or any other claim.

OTHER PROVISIONS

I (participant and parent/s of a minor participant) agree: 1) Colorado substantive law (without regard to its "conflict of laws" rules) governs this Document, any dispute I have with CMC and all other aspects of my relationship with CMC, 2) any mediation, suit or other proceeding must be filed or entered into only in Jefferson County, Colorado, and 3) I will submit to the jurisdiction of the Colorado courts. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator. I authorize CMC staff, volunteers, contractors or other medical personnel to obtain or provide medical care for participant, to transport participant to a medical facility, and to provide treatment they consider necessary for participant's health. I agree to pay all costs associated with that care and transportation. I authorize CMC to take my or my child's photo, image, statement and/or audio or video recording and use it for sale, reproduction, marketing and other use on the worldwide web and in catalogues, displays or in any other promotional manner. CMC reserve the right to dismiss any participant that staff believe, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts him or herself in a manner detrimental to the activity or program. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions, and those remaining provisions shall continue in full force and effect. A copy of this Document can be used as if it was an original.

Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members, and my heirs, executors, representatives, subrogors and estate. *Participants must sign below. If the participant is a minor (those under 18 yrs. of age), one of the participant's parent/s, or both parent/s, if available, must also sign below.*

Participant Signature /Date

Parent/Guardian Signature /Date /Print name here

PLEASE COMPLETE THE INFORMATION BELOW:

Name of Participant		Home Phone
Address		Work Phone
City, State	Zip	E-mail
Emergency Contact Name		Phone