**Vista Nation Track & Field Athletes and Parents,**

The Douglas County School District (“District”) hereby advises all participants in Western State Indoor Trip that the trip is *not* a District-sponsored activity. Therefore, the District’s liability insurance will not compensate any party for injuries incurred as a result of participation in the activity. Furthermore, you are advised that the District and its employees are protected by the Colorado Governmental Immunity Act, COLO. REC. STAT. Section 24-10-101 et seq., from liability claimed in any civil action arising out of any injury to any person resulting from participation in [the activity/field trip].

In consideration for the student’s participation in the Western State Indoor Trip, the undersigned student, and his/her parent/guardian, hereby release the District, its directors, officers, agents, employees and teachers from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss, injury or death to the participating student or his/her personal property while the student is participating in any aspect of the Western State Indoor Trip irrespective of the cause of such damage, loss, injury or death.

It is expressly understood that all potential losses, damage or injury are not known and cannot be determined as of the date of the Agreement, but it is express intent of the undersigned parties that this Release apply to any and all such unknown damage, loss or injury.

Specific reasons why this is not a District-sponsored event are as follows:

* The individual/group responsible for coordinating this Western State Indoor trip is not being paid, supervised or controlled by the District for the activity described in this letter.
* This Western State Indoor Trip is not directly connected to or a required aspect of a District-sponsored team, extracurricular program or curriculum.
* This Western State Indoor Trip takes place outside of the school year and regular schedule.
* This Western State Indoor Trip does not involve the use of any District funds, facilities and/or vehicles.
* The District does not set the eligibility requirements, schedule or itinerary for the Western State Indoor Trip.
* Since this The Western State Indoor Trip s a non-District-sponsored event, all responsibility and liability for this event lies with the event sponsor and not with the District.

I/we understand that it is not possible for the District, its employees or agents, to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I/we further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

I/we have accepted responsibility to verify with my physician that my child has not physical or psychological problems that would prohibit his/her participation in [the activity/field trip] and agree to advise my child to comply with the instructions and directions of the event sponsors and chaperones during this [the activity/field trip].

I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in [the activity/field trip]. I/we hereby represent that I am/we are 18 years of age or older, and that I am/w are the parent(s)/guardian(s) of [insert child’s name]. I/we further acknowledge that no representation or promises by the District or its representatives have been made to induce me to sign this release.

Every individual participating in [the activity/field trip] must carry health/accident insurance coverage. The District does not offer any medical/accident insurance to participating students, and makes no claim to do so.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature**

**I agree to follow all safety rules and teacher/chaperone instructions at all times while participating in Western State Indoor Trip I understand that failure to obey rules will result in my suspension from activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

Coach Dalby

816-529-8987