

Community Schools Release Form Running Club 3rd Quarter – Jan 8 – March 9, 2018

ACKNOWLEDGEMENT OF RISK, RELEASE, OF LIABILITY AND AGREEMENT NOT TO SUE.
THIS IS A LEGALLY BINDING AGREEMENT.

All participants must have a signed RELEASE FORM on file with Catalina Foothills Community Schools. This entire form must be completed.

I HEREBY AGREE AS FOLLOWS (to be signed by the participant and parent or legal guardian of any participant unger the age of 18.)

- 1. This agreement waives any right I have, or may have in the future, to sue Catalina Foothills Community Schools or Catalina Foothills School District, and its employees, for any loss, damage, expense or injury to myself, including death, arising out of the use of the guides services, facilities or equipment of Catalina Foothills Community Schools, or my participation in activities involving Community Schools, due to any cause whatsoever, including negligence on the part of Community Schools employees.
- 2. All Outdoor Adventure activities administered by Catalina Foothills Community Schools (and use of equipment associated with such activities) including (but not limited to) caving, hiking, backpacking, camping, fishing, canoeing and rock climbing, whether in a natural setting or an indoor gym, involve inherent risks. Safety equipment, proficiency checks, supervision and enforcement of the rules by Catalina Foothills Community Schools do not guarantee my safety. I know that by participating in any Outdoor Adventure activities, I risk injury or death from any potential causes, including but not limited to:
 - -Climbing, falling off or striking rock or other surfaces
 - -Falling objects including, rocks, climbers or dropped items (ropes or climbing hardware)
 - -Failure of equipment or any part of any climbing surface
 - -Hazards including: natural trails, bodies of water, access roads, and transport by vehicle
 - -Contact with venomous or dangerous animals, insects or plants in outdoor areas

The above list does not contain all possible risks associated with Outdoor Adventure programs and does not limit my release of liability or agreement not to sue.

- 3. I assume the risk that I may be injured. My participation in any outdoor adventure program and my hiring of Catalina Foothills Community Schools is voluntary, and I elect to participate, not withstanding the risk.
- 4. I will indemnify and hold Catalina Foothills Community Schools harmless for liability, for property damage or personal injury, including death, to myself or any other person, arising from my utilization of personnel, facilities or equipment of Catalina Foothills Community Schools or participation in activities involving Catalina Foothills Community Schools.
- 5. I will indemnify and hold Catalina Foothills Community Schools harmless for attorney's fees, cost or expenses it may incur in enforcing this agreement or that relate in any way to my activities at or with Catalina Foothills Community Schools.
- 6. I will indemnify and hold Catalina Foothills Community Schools harmless in any legal action by a third party injured as a result of my utilization of the personnel, facilities or equipment of Catalina Foothills Community Schools or participation in activities involving Catalina Foothills Community Schools.

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- 7. I have adequate insurance to cover any injury or damage I may cause or suffer while using the facilities or equipment of Catalina Foothills Community Schools, or I agree to bear the cost of such injury or damage myself.
- 8. To my knowledge, I am in good health and have no physical limitations that would be preclude my safe participation in climbing activities. I assume the risk of injury arising from any medical or physical condition I may have, whether or not I disclose that condition to Catalina Foothills Community Schools.
- 9. I acknowledge that I am responsible for the safety of all personal equipment I use while participating in activities involving Catalina Foothills Community Schools, and I use all personal equipment at my own risk.
- 10. If any portion of this agreement is determined to be void or unenforceable, the remaining portions shall remain in full force and effect.
- 11. I have read, understand and agree to obey the safety rules of Catalina Foothills Community Schools. I have had all questions answered to my satisfaction, and have read and agree to all of the above.

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Participant Agreement:			
I (participant's District governing board policies, and on a temporary or permanent basis, t rules and expectations below while p • Turning off all electronic devi • Respecting other students an • Respecting, listening to, and • Refraining from foul language • Not exhibiting disruptive beh	d failure to do so may result to be determined by Commarticipating in the above natices. Indeed their opinions. No type of immediately obeying the integer.	t in my removal from any conunity Schools and its empamed field trip: of harassment will be tolera	oloyees. I agree to abide by the ated.
Participant Signature		- Date	
Parent/Guardian Release and Agreem I recognize the risk of illness and injurunderstanding that I am hereby waivi against all claims, costs, liabilities, exparticipation in the program. I hereb associates of any financial and/or med Catalina Foothills Community Schools costs of collections. The following sig District governing board policies, and child(ren) from any class for disciplina event of dismissal from this trip, I agree the instructor(s).	ry inherent in any program on and releasing the instruction penses, or judgments, including agree to the aforemention dical obligation, which mights to pursue any emergency anature acknowledges that all that Community Schools are reasons on a temporary	ctors and Catalina Foothill uding attorney's fees and coned statement and release ht be incurred. The follow measures for my child and my student must adhere to and its employees reserve or permanent basis, withou	Is Community Schools from and court costs arising out of e Community Schools and its ving signature authorizes the d it is my agreement to pay all o all Catalina Foothills School the right to remove my out refund or credit. In the
Parent/Guardian Signature	Date	-	

IF WE NEED TO CONTACT YOU:

Name of Father:	Name of Mother:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
	Email:	
Name and phone number of friend or	relative who could locate you in case of emo	ergency:
Name:	Phone:	
Name:	Phone:	
Medical Information: Regular Medication Required:		_
List any chronic ailments:		
Allergies (Food, Drug, Insect, etc.):		_
	district does not carry a medical insurance policy ne responsibility of the parents or guardians.	to cover injuries
I/We do have medical insurance for the p	participant named above. Yes No	_
Insurance Carrier:	Policy #:	