



# Community Schools Outdoor Adventure Release Form

## Four Corner Explorers

### June 25-29, 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 under 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, notwithstanding 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.

Participant Agreement:

I \_\_\_\_\_ (participant's name), understand that I must adhere to and follow all Catalina Foothills School District governing board policies, and failure to do so may result in my removal from any class(es) in which I am enrolled on a temporary or permanent basis, to be determined by Community Schools and its employees. I agree to abide by the rules and expectations below while participating in the above named field trip:

- Turning off all electronic devices.
- Respecting other students and their opinions. No type of harassment will be tolerated.
- Respecting, listening to, and immediately obeying the instructions (verbal and/or written) of the instructors.
- Refraining from foul language.
- Not exhibiting disruptive behavior.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Parent/Guardian Release and Agreement:

I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation, which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies, and that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. In the event of dismissal from this trip, I agree that I will pick up my child immediately at the location given or determined by the instructor(s).

\_\_\_\_\_  
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: \_\_\_\_\_ Email: \_\_\_\_\_

Name and phone number of friend or relative who could locate you in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information:

Regular Medication Required: \_\_\_\_\_

List any chronic ailments: \_\_\_\_\_

Allergies (Food, Drug, Insect, etc.): \_\_\_\_\_

I/We further understand that the school district does not carry a medical insurance policy to cover injuries sustained in this program. Insurance is the responsibility of the parents or guardians.

I/We do have medical insurance for the participant named above. Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_