



Risk Management
 2407 LaPorte Avenue
 Fort Collins, CO 80521
 970-490-3506

In-State Overnight Field Trip Release, Indemnity, and Assumption of Risk

Parent/Guardian completes

This release, indemnity, assumption of risk made this _____ day of _____, 20_____,
Day of month Month Year
 is given by _____ ("Student") and the Student's parent(s) or legal
Student name
 guardian(s) _____ ("Parent(s)") in favor of Poudre School District
Parent or legal guardian name
 No. R-1 ("School District"). The mailing address for the Student's residence is

Student's address

In consideration of permission granted by the School District for Student to participate in an Overnight Field
 Trip to _____ from _____,
 to _____, ("Field Trip"), which Field Trip is described in Exhibit A attached hereto
 and incorporated herein by this reference, Student and Parent(s) hereby covenant and agree as follows:

Student and Parent(s) release and hold harmless the School District and its board members, employees and
 agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except
 willful and wanton acts or omissions) that Student and/or Parent(s) may have against the School District and its
 board members, employees and/ or agents for any and all damages that may arise out of or in connection with
 the Field Trip.

Student and Parent(s), having carefully read Exhibit A and understanding and appreciating the risks and dangers
 that may exist in allowing Student to participate in the Field Trip, assume the risk of any and all damages,
 including personal injury, which Student may incur as a result of participating in the Field Trip. You are
 encouraged to consult your child's primary health care provider if you have any concerns regarding your child's
 participation in the Field Trip.

Parent(s) agree to indemnify, defend and hold harmless the School District and its board members, employees
 and agents from and against any and all claims, liabilities and causes of action, including attorney fees and
 costs, for injury of any person caused by Student and/or for damages to or destruction of any property caused
 by Student, which may arise out of or in connection with Student's participation in the Field Trip. Parent(s) also
 agree to indemnify, defend and hold harmless the School District and its board members, employees and
 agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs,
 for injury to Student and/or for damages to or destruction of property belonging to Student or Parent(s), which
 may arise out of or in connection with Student's participation in the Field Trip.

Student and Parent(s) understand that the School District is protected from liability under the Colorado
 Governmental Immunity Act for injuries and damages that may arise out of or in connection with the Field Trip,
 and understand that any injuries or damages arising out of or in connection with the Field Trip may not

be covered by School District insurance. For these reasons, it is recommended that Student or Parent(s) obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to the Student, and damage to or destruction of property belonging to the Student or Parent(s), which may arise out of or in connection with the Student's participation in the Field Trip.

The School District has information available regarding accident and health insurance that may be purchased to cover Student's participation in the Field Trip. Student or Parent(s) may enroll at www.studentinsurance-kk.com or obtain a brochure through the school office.

Student and Parent(s) understand that the Student shall be subject to the School District Code of Conduct at all times related to Student's participation in the Field Trip. As a condition of participating in the Field Trip, Student shall comply with all instructions and safety precautions communicated by school officials. Parent(s) hereby agree that in the event of Student's repeated or serious violation of the Code of Conduct and/or failure to comply with instructions or safety precautions communicated by school officials, Student's participation in the Field Trip may be terminated early and Parent(s) may be required to pay all costs of sending Student home if deemed necessary and if Parent(s) are informed in advance that Student is being sent home.

Student and Parent(s) understand that if the Student is injured or becomes ill and it is necessary for the Student to return home or for the Parent(s) to meet the Student to escort him or her home, the Parent(s) may be required to pay all costs. Poudre School District shall have the authority to cancel or terminate the Field Trip and related on-site activities in accordance with its policies or best judgment.

Parent/Guardian and Student completes

We the undersigned Student and Parent(s) have read this release, indemnity, and assumption of risk, including the attached Exhibit A, and understand all of the terms thereof, the nature of the Field Trip to which they apply, and the risks and dangers that may exist in allowing Student to participate in the Field Trip. We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Student Name

SIGNATURE of Student if over 18

Date

EXHIBIT A must be attached to this release

Original—Field Trip Sponsor takes on trip

Copy—Remains at school with In-house Trip Sponsor

Post Trip: *Original — Keep on file at school for 3 years.*

Forward original to Risk Management if any incident occurred on this field trip involving this student.

EXHIBIT A

School: Wellington Middle/High School **Class/Program:** Football Camp

Trip Sponsor: Robert Peeples

In-House Sponsor: Hilarie Bartling

In-House Sponsor's Emergency Phone Numbers: 970-488-6671 970-420-0057

Destination(s):

Gunnison, CO

Western State University

Departure Date: 06/10/2022 **Return Date:** 06/12/2022

Lodging:

On-Site campus housing at Western State University

Mode(s) of Transportation: PSD Bus

If private vehicles are being used, the following applies:

- PSD employee (*Employee Field Trip Driver Acknowledgement* must be completed for each driver)
- PSD parent volunteer (*Volunteer Field Trip Driver Application* must be completed for each driver)
- PSD student volunteer (*Volunteer Field Trip Driver Application* must be completed for each driver)

Activities & Potential Risks:

Travel in and around an urban environment may potentially involve risk of personal bodily injury, including death, and property loss which include but are not limited to those resulting from:

Local weather conditions; accidents or collisions involving planes, trains, automobiles, or other modes of transportation; theft, vandalism, gang violence, abduction, or other criminal acts; contact with strangers; separation from the group; and any and all other hazards, risks, and dangers that exist and may occur in an urban environment not specifically named herein.

Athletes will travel Gunnison where they will participate in a football camp at Western State University. There may be additional activities and/or modes of transportation offered that are not disclosed to or directly approved by the District and may or may not have been included in literature or itineraries provided by the District. Parents are encouraged to inquire in advance concerning the details and potential risks of this portion of the field trip.

Participation in these activities may potentially involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school, which may include but are not limited to:

Exposure to the elements; severe weather and extremes of cold/heat including thunderstorms, lightning, wind, rain and wet conditions; encounters with insects and a variety of plants; participation in or riding on amusement park and/or waterpark rides and attractions; travel in and around bodies of water, including swimming pools; allergies; fire; and any and all other natural hazards, risks, and dangers that exist and may occur not specifically named herein.

Participation in these activities can result in illness and/or injury including but not limited to head trauma resulting in brain damage; neck and spinal cord injuries resulting in quadriplegia or paraplegia; concussions; dehydration; exhaustion; hypothermia; drowning; electrocution; anaphylaxis shock; airborne, waterborne and insect borne illnesses; broken bones; muscle pulls; strains, sprains; joint dislocations; skin abrasions; contusions; splinters; serious burns and sunburns; cable, mat or rope burns; psychological trauma, death and/or other serious injuries or impairments of a temporary or permanent nature.



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Emergency Contact and Health Information

School:	Destination:
Trip Dates:	to

Student name: _____

Date of birth: _____

Emergency Contact Information

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Other Contact: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Health Information

1. Please be aware that my child has the following medical conditions, mental or behavioral health concerns, recent illnesses, injuries or surgeries that may impact trip participation (please attach a separate sheet if necessary):

NOTE: If your child will need medication for any of the conditions listed above during the Field Trip, an Authorization and Release for Administering Medication to Student at School or School-Sponsored Activity form must be completed for each medication.

2. My child will be taking the following items on the Field Trip (e.g., glasses, contacts, hearing aid, glucose kit, etc.)

Parent/Legal Guardian Signature

Date



Poudre School District
 2407 LaPorte Ave
 Fort Collins, CO 80521
 970-482-7420

Supplemental Participation Permission and Release for Communicable Diseases Including COVID-19

Student Information

 Student's Name (Last, First, M.I.)

 PSD Student ID#
(Leave blank if not a current PSD student)

 Parent(s)/Legal Guardian(s) Name(s)

 Telephone

 School of Attendance

 Activity

This Supplemental Participation Permission and Release for Communicable Diseases Including COVID-19 made this _____ day of _____, 20____, is given by the student named above ("Student") and the Student's parent(s)/legal guardian(s) named above ("Parent(s)") in favor of the Poudre School District for the above activity ("Activity").

Poudre School District ("District") has put in place preventative measures to reduce the spread of COVID-19 including the requirements and guidelines from the State of Colorado Governor's Office, Colorado Department of Public Health and Environment ("CDPHE"), Larimer County Department of Health and Environment ("LCDHE"), and Colorado High School Activities Association ("CHSAA"). However, attending and participating in the above referenced Activity could increase the Student's risk of contracting COVID-19. The Student's participation in and attendance at the Activity is voluntary. Student agrees to follow the specific requirements, protocols and guidelines adopted by CHSAA, CDPHE, LCDHE, other public health officials and/or the District for the activity. Failure to follow these requirements, protocols and guidelines may result in school or team consequences that could include dismissal from the Activity or further disciplinary consequences.

In consideration of the permission granted by the District for the Student to participate in the Activity listed above, and in an effort to ensure the safety and wellness of our school community, the Student and the Student's Parent(s) hereby covenant and agree as follows:

1. Participation may include possible exposure or increase the risk of exposure to COVID-19 and/or other communicable diseases. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. Participation may also result in transmission of COVID-19 or other communicable diseases to non-participants.
2. Student and Parent(s) understand the importance of students being healthy and safe when they participate in the Activity. Student and Parent(s) agree that Student will only participate in the Activity when healthy. Student and Parent(s) willingly agree to comply with the terms and conditions for participation, including specific requirements, protocols and guidelines in place regarding COVID-19. Student and Parent(s) acknowledge these protocols and guidelines may change due to changes in guidance from CHSAA, CDPHE, LCDHE, other public health officials and/or the District. If changes to the protocols or guidelines are made, such changes will be communicated to Student and/or Parent(s).
3. Student and Parent(s) specifically agree to follow the health and safety protocols in place at the time of the Activity.
4. Student and Parent(s) hereby release, indemnify and hold harmless the District and its board members, employees, authorized volunteers, and agents from any and all liability, claims, causes of action,

damages and/or demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the District, its board members, employees, authorized volunteers, and/or agents for any and all damages, including personal injury or illness to the Student, that may arise out of or in connection with Student's participation in the Activity. Student and Parent(s) understanding and appreciating the risks that may exist in allowing Student to participate in the Activity, further knowingly and voluntarily assume all risks of injury, illness or other harm related to potential exposure to COVID-19 and/or other communicable diseases that may occur during Student(s) participation in the Activity.

I/We, the undersigned Student and Parent(s) have read this *Supplemental Participation Permission and Release for Communicable Diseases Including COVID-19* and understand all of the terms thereof, the nature of the activity to which they apply, and the risks and dangers that may exist in allowing the Student to participate in the Activity, including possible exposure or increased risk of exposure to COVID-19 and/or other communicable diseases. We further understand and acknowledge this form is supplemental to and does not supersede the *In-State Overnight Field Trip Release, Indemnity, and Assumption of Risk* form. We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

Parent/Legal Guardian Signature Date

Student Signature Date

Parent/Legal Guardian Signature Date