



READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE GUNNISON COUNTY'S SUBSTANCE ABUSE PREVENTION PROJECT (GCSAPP), ITS GOVERNING EXECUTIVE COMMITTEE, AND GUNNISON COUNTY FROM ANY LIABILITY RESULTING FROM YOUR CHILDS PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST GCSAPP AND GUNNISON COUNTY WHICH MAY ARISE FROM SUCH ACTIVITIES.

Permission for Youth to Participate in Gunnison County's Substance Abuse Prevention Project Events

I hereby give permission for _____ to participate in organized activities offered by Gunnison County's Substance Abuse Prevention Project (GCSAPP) through Gunnison County. It is my understanding that my child will learn about substance use consequences, life skills and team building and will participate in activities that may be physically challenging. We also agree to follow the rules and regulations of GCSAPP.

Release from Responsibility, Assumption of Risk, and Waiver

PARTICIPANT'S FULL NAME: _____ **Circle: Male / Female**

DATE OF BIRTH (MO/DAY/YR): _____ **School and Grade:** _____

ADDRESS: _____

DATE(S) OF ACTIVITY (IES): START DATE: October 2018 - END DATE: October 2019

I, the undersigned parent or guardian of the above named participant, hereby release and discharge, indemnify and hold harmless Gunnison County Substance Abuse Prevention Project, Gunnison County, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my child's participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado and Gunnison County and other persons as set forth above.

I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child's participation in normal or unusual acts associated with the above-named activities.

Consent for Media Release

I authorize GCSAPP the right to use my child’s, physical likeness and/or voice and/or visual imagery (photographs, moving footage, or other visual and/or audio media), interviews or other content provided to GCSAPP, in perpetuity and throughout the world. This material will be distributed at the discretion of GCSAPP to the media or shown in public venues for educational purposes. I represent that the consent of no other person, firm, corporation, or organization is required to enable GCSAPP to use my, or my child’s, likeness and/or voice and/or imagery as described herein, and that such use will not violate the rights of any third parties.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof, and intend to be legally bound by this release. I am over 18 years of age and competent to contract in my own name, or on behalf of my minor child.

___ *initials*

Consent for Release of information and permission

I/we (parent/guardian) hereby authorize the RE1J School District, Gunnison County Juvenile Services, and appropriate Police Authorities, to exchange student discipline information and progress information with GCSAPP for the sole purpose of managing student’s Choice Pass accessibility.

___ *initials*

I/we (parent/guardian) hereby authorize RE1J School faculty and GCSAPP to pull my student from class for administering drug screens if/when my student should be selected for random monthly drug screens. I also authorize Drug Test West to administer random drug tests at a GCSAPP location after school hours.

___ *initials*

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

I READ, UNDERSTOOD AND AGREED TO THIS ON DATE: ____/____/____.

Student Signature: _____ Date: _____

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Parent signature: _____ Circle: Male /Female

Date: _____ Email: _____

Is this your first year in Choice Pass? Circle One: YES / NO