

**OURAY SCHOOL DISTRICT R-1**

**ATHLETIC/OPEN GYM PARTICIPATION WAIVER**

**STUDENT FORM**

**STUDENT AND PARENT/GUARDIAN ATHLETIC/OPEN GYM PARTICIPATION INFORMED CONSENT FORM**

I and my parent(s)/guardian(s) understand that there are dangers and risks of practicing and competing in the sport of my choice. These may include, but are not limited to, sprains and strains, bruises, injury to bones and joints, ligaments, muscles, organs, brain damage, serious neck and spinal injuries leading to complete or partial paralysis and even death. No amount of reasonable supervision, training, or protective equipment can eliminate all risks and dangers.

I/we, the parent(s)/guardian(s) of \_\_\_\_\_ acknowledge that I/we have been advised, cautioned and warned by representatives of the **Ouray School District R-1** that my/our child may suffer serious injury, paralysis or death from participating in the sport of \_\_\_\_\_ or **OPEN GYM**.

I/we understand, am aware and appreciate the above warnings and information. I/we give my/our consent for my/our child \_\_\_\_\_, to participate in the sport of \_\_\_\_\_ or **OPEN GYM** for the \_\_\_\_\_ school year.

I/we hereby release, waive, indemnify, hold harmless, and forever discharge the **Ouray School District R-1**, their agents, employees, officers, directors, affiliates, successors, assigns, representatives, volunteers, attorneys, and insurance companies of and from any and all claims, demands, debts, contracts, subrogation interests, liens, expenses, causes of action, liabilities, lawsuits, and damages of every kind and nature whether known or unknown, in law or equity, that I have ever had, or may have arising from or in any way related to my/our child \_\_\_\_\_ participation in any athletic/Open Gym activities. This Release and Waiver Form specifically includes the immunity from liability statutorily provided for volunteers and volunteers assisting organizations and activities for young persons in C.R.S. §§ 13-21-115.5 and 1321-116.

**I/WE UNDERSTAND THAT THERE IS ALWAYS POTENTIAL RISK OF INJURY TO MY/OUR CHILD WHILE PARTICIPATING IN SPORTS**

\_\_\_\_\_  
*Signature of parent/guardian*

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

\_\_\_\_\_  
*Signature of student*

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