

# EHS ADVENTURE PROGRAM EMERGENCY CARD

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL EMAIL ADDRESS: \_\_\_\_\_@cherrycreekschools.org

PARENTS/GUARDIANS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PHONE # OF PARENT DURING DAY: FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

**IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED NOTIFY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL INFORMATION:**

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

MEDICATIONS? \_\_\_\_\_

**OTHER PERTINENT MEDICAL INFORMATION:**

NAME OF INSURANCE COMPANY; \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBSCRIBER'S NAME: \_\_\_\_\_ STUDENT

INSURANCE POLICY ID: \_\_\_\_\_

I/we do hereby authorize officials of Cherry Creek School District to contact directly the persons named in the spaces above and do authorize the named physician or their associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, or other persons named, or the physician named on this form, cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child.

PARENT/GUARDIAN NAME: \_\_\_\_\_  
Please Print Last First

Address City State Zip

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE: (Optional)

I/we also authorize and release to Cherry Creek Schools and persons acting for or through them, the right to use, reproduce, assign and or distribute, photographs, films, videotapes and sound recordings of myself for use in materials they may create for Cherry Creek School District #5.

STUDENT'S NAME \_\_\_\_\_  
Please Print Last First

FOR OFFICE USE ONLY:  
EHS BELAY SCHOOL TRAINING

EHS BELAY SCHOOL CERTIFICATION

Instructor Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**EAGLECREST HIGH SCHOOL ADVENTURE PROGRAM RELEASE, ACKNOWLEDGMENT OF RISK, ASSUMPTION OF PERSONAL RESPONSIBILITY AND INDEMNITY**

I/we understand that during my child's participation in EHS Adventure Program Activities, he/she may be exposed to risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Cherry Creek Schools, its employees, or agents, to guarantee or otherwise assure the effectiveness of the safety measures, or that the safety measures will be used in every instance. I further understand that mistakes, errors or omissions may happen and that equipment may fail. Also, I/we understand that I/we assume the risk for any injuries or damages resulting from my child's participation in EHS Adventure Program activities.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in club activities, and agree to advise my child to comply with the instruction and directions of Cherry Creek Schools staff members during their participation in EHS Adventure Program activities.

I/we \_\_\_\_\_ (Parent/Guardian), in return for my child's opportunity to participate in EHS Adventure Program activities, which includes the use of equipment, do hereby exempt and release Cherry Creek School District #5, its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in EHS Adventure Program, whether or not such damage, loss or injury results from the acts or omissions of the Cherry Creek School District #5, its directors, officers, employees, volunteers or agents, or any defective equipment.

I/we understand that if I/we do not sign this Release, then my child will not be permitted to participate in EHS Adventure Program activities. I/we hereby represent that I am/ we are 18 years of age or older, and that I am/we are the parent(s)/ guardians of \_\_\_\_\_ (student).

I/we further acknowledge that no representations or promises by Cherry Creek School District #5 representatives have been made to induce me to sign this release, and that I/we have read the informational packet attached hereto and/or have visited the website in which the elements of the program have been described, and have been given the opportunity to meet with program sponsors and cooperating operational member.

I/we \_\_\_\_\_ (Parent/Guardian), further agree to indemnify, hold harmless and defend Cherry Creek School District #5 from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted by \_\_\_\_\_ (Student), or on his or her behalf, arising out of and in connection with their participation in EHS Adventure Program activities, which indemnification shall include any costs and or attorneys' fees that may be incurred by the Cherry Creek School District No. 5 as a result of any claims, causes of action or demands.

**STUDENT'S NAME** : Please Print

\_\_\_\_\_ Last First

**PARENT/GUARDIAN NAME:** Please Print

\_\_\_\_\_ Last First

\_\_\_\_\_ Address City State Zip

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_