All students and adults participating in Outer Range Outdoor Education programs must fill out this form completely. Return this form to the Outer Range manager, coordinator, or facilitator. Please PRINT CLEARLY.

Acknowledgement and Assumption of Risks  I, the undersigned, hereby acknowledge that I have been advised and fully understand that my participation in Outer Range Outdoor Education programs may expose me to certain hazards and risks which are beyond the control of Outer Range Outdoor Education. These risks include, but are not limited to, serious personal injury, death, and loss of, or damage to property, unpredictable environmental conditions/hazards including, but not limited, to lightning and unexpected extreme weather conditions, insect and animal bites and stings, heat or sun-related injuries or illnesses, biohazards, and hazards present in the wilderness such as, but not limited to, low lying branches, sharp objects, slippery surfaces, irritating/sticky bushes and plants. As a condition of my participation in the Outer Range Outdoor Education program, I agree to assume full responsibility for all the risks that such participation may entail. My participation is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

Release and Indemnifications I do hereby, in consideration of my participation in an Outer Range Outdoor Education Programs voluntarily elect to assume all risks of loss or damage to any property or any injury, including death, and hereby knowingly and freely release and agree to hold harmless and indemnify Outer Range Outdoor Education and Montrose County School District Re-1J, its Directors and Officers, employees, volunteers, agents, collaborators, and sponsors from any and all liability, claims, demands or causes of action whatsoever by reason of any damage, loss, exposure, or injury or death arising out of my participation in Outer Range Outdoor Education programs and from any and all liability for any act or omission or negligence or strict liability in obtaining, rendering or failing to obtain first aid or any kind of emergency medical care. This Release and Waiver of Liability shall be fully binding on the spouse, family, heirs, executors, administrators, successors, and assigns of the participant.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my rights to maintain a lawsuit against Outer Range Education and Montrose County School District RE-1J on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

___________________________________
Participant Name

___________________________________
Parent or Legal Guardian Signature

___________________________________
Print Name

_____________________________
Date
EMERGENCY INFORMATION FORM

Please fill in all blanks with relevant information or indicate Not/Applicable (N/A)

Student Name: (last, first) ___________________________________________________________

Date of Birth _______________ Gender   M   F

Parent/Guardian Name(s) __________________________________________________________

Parent/Guardian Home/Cell Phone _____________ Parent/Guardian Work Phone _____________

Parent Guardian Address __________________________________________________________

Emergency Contact (if the above can’t be reached) __________________________ Relationship _________

Home/Cell Phone ________________ Work Phone ________________

HEALTH CONCERNS: This section must be filled out in entirety.

*Does your child have any of the following health and/or diet concerns?

<table>
<thead>
<tr>
<th>Concern</th>
<th>(yes/no)</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable disease?</td>
<td></td>
<td>________________</td>
</tr>
<tr>
<td>Asthma?</td>
<td></td>
<td>________________</td>
</tr>
<tr>
<td>Inhaler?</td>
<td></td>
<td>(yes/no) What type? (rescue, preventative) __________________</td>
</tr>
<tr>
<td>Allergies?</td>
<td></td>
<td>(yes/no) If so, to what? __________________</td>
</tr>
<tr>
<td>Epi-pen?</td>
<td></td>
<td>(yes/no) For what specific allergen? __________________</td>
</tr>
<tr>
<td>Diabetes?</td>
<td></td>
<td>(yes/no) Explain __________________</td>
</tr>
<tr>
<td>Dietary Restrictions?</td>
<td></td>
<td>(yes/no) Explain __________________</td>
</tr>
<tr>
<td>Medical Condition?</td>
<td></td>
<td>(yes/no) Explain __________________</td>
</tr>
</tbody>
</table>

I hereby authorize Outer Range Outdoor Education and its employees, volunteers and/or agents to administer first aid and/or emergency medical treatment and/or to secure such medical services that may be considered necessary.

Parent/Legal Guardian Signature _____________________________ Print Name _____________________________ Date _____________________________