

Wingate High School Comprehensive Residential Resiliency Program

P. O. Box 2
Fort Wingate, NM 87316
Telephone: 505/488-6408

Program Participant Release Form Revised March 5, 2008

To be signed by parent/guardian and student.

I concur for my child _____ (grade) ____ for him/her to participate in activities of the Comprehensive Residential Resiliency Program (CRRP) or to use equipment or facilities owned or operated by the CRRP, today and at any time in the future, I hereby agree as follows.

(1) **RELEASE** I release the CRRP, its directors, employees, school boards, agents, successors and assigns from all liabilities, claims and causes of action of any or nature whatsoever, breach of contract or any other fault, in any way relating to or assign at any time out of my child's or self participation in any activity of the CRRP or use of CRRP's equipment or facilities.

(2) **INDEMNIFICATION** I assume liability for and agree to indemnify, protect and hold harmless the Comprehensive Residential Resiliency Program its directors, employees, school boards, agents, successors and assigns from all liabilities, losses, and causes of action of any kind of nature whatsoever, breach of contract or any other fault, in any way relating to or assign out of my child's or self, participation in any activity of the CRRP or the use of the CRRP's equipment or facilities.

(3.) **RISK DISCLOSURE** CRRP acknowledges that the activities it conducts are strenuous physically and emotionally. All CRRP activities are conducted on a "Challenge By Choice" basis. Participants shall determine their degree of participation or non-participation based on their personal known or unknown physical and emotional condition.

I have read and understand this agreement. I understand that by making this agreement, I surrender valuable rights. I do so freely and voluntarily.

Signature of Parent/Guardian

Signature of Student

Date