

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 ADULT DAY TRIP REGISTRATION FORM

Participant Information

Name (First, Middle, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Cell#: _____

Email: _____

Emergency Contact Person: _____ Phone#: _____

Additional Information

Trip Name: _____ Trip Date: _____

Amount Paid: _____ Method of Payment: _____

Trip Name: _____ Trip Date: _____

Amount Paid: _____ Method of Payment: _____

Trip Name: _____ Trip Date: _____

Amount Paid: _____ Method of Payment: _____

I understand that I must pay all Day Trip fees in order for my registration to be complete.

I understand all information contained herein will be used for each excursion I attend during the 2012 calendar year.

Please make sure all of your information on file is kept up-to-date.

Signature

Date

GVR METROPOLITAN DISTRICT
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2012 ADULT EXCURSION PARTICIPATION AGREEMENT AND RELEASE

(THIS IS A WAIVER AND RELEASE OF LIABILITY, READ IT CAREFULLY)

PARTICIPANT'S FULL NAME: _____

I ("Participant") agree to participate in the GVR Metropolitan District 2012 Community Excursion Program ("Excursion") according to the information and policies as provided to me and amended from time-to-time, and all subsequent policies that may be applied to the Program. I understand that although District personnel will endeavor to provide notice of any Excursion changes as timely as possible, Excursion activities may be changed at any time without notice. I understand that the Excursion may include physical activity components, including participation in outdoor activities such as swimming and hiking, and that I may be exposed to varying temperatures, terrain, and conditions during such activities. I agree to dress and prepare appropriately for the expected conditions, including providing lunch, sunscreen and other protection, as needed.

WAIVER AND RELEASE FROM LIABILITY

In consideration of my being permitted to register and/or participate in the Excursion, I, and the personal representatives, legal guardians, heirs, assigns, and next of kin, do hereby:

1. **RELEASE, WAIVE, AND HOLD HARMLESS THE DISTRICT**, its officers, directors, employees, representatives, agents, operators, and/or officials, which persons are included within the term "District," from all liability for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Participant, whether caused by the negligence of District or otherwise while the Participant is participating in the Excursion.
2. **ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of District or otherwise while the Participant is participating in the Excursion.
3. Should a medical emergency arise and the Emergency Contact is unable to be contacted, I **EXPRESSLY AUTHORIZE** the District to contact and release me to emergency medical care providers for the purpose of transporting me and administering emergency medical care, if the circumstances so require in the reasonable determination of the District. In conjunction with such transportation release and medical treatment authorization, I expressly agree that I am solely responsible for any emergency medical care or transport costs and agree to **RELEASE, WAIVE, HOLD HARMLESS, AND DISCHARGE AND COVENANT NOT TO SUE DISTRICT** from all liability for any and all damage,

and any claim or demands therefore on account of any injury to or death of the Participant, resulting from or related to such emergency medical transport or care.

4. AGREE that the foregoing waiver and release is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. AGREE that this waiver and release specifically embraces each and every event sanctioned, authorized, or promoted by District during the entire Excursion and applies to each and every event or activity participated in by the Participant, and has the same effect as if executed before or after each and every activity or event in which the Participant participates during the Excursion.
6. AGREE that this *2012 Adult Excursion Participation Agreement and Release* applies to all excursions during the 2012 calendar year. I agree to keep all information on all forms up-to-date and shall promptly report any changes in writing to the Administration Building (18650 E. 45th Avenue, Denver, CO 80249).

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS WAIVER AND RELEASE, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Signature

Date

Name (print)