**The Classical Academy – Class of 2021 LOCK IN – Release of Liability & Permission Slip**

Friday, March 19, 2021

7:00pm – 1:00am

**TCA FULL TIME Seniors Only** – **Payment and Liability Form DUE Monday, March 8**

Students must arrive by 7:30 pm and will not be allowed to leave the building until 1:00am.

Make payment of $15 on Pay Schools Events prior to Monday, March 8.

Attach a copy of receipt to this Liability form when you turn it in.

Or Write the Confirmation number here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must have a parent signature EVEN if you are 18! All payments are non-refundable, except in the case of the event cancellation due to COVID.

Student Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Waiver of Liability, Assumption of Risk and Indemnification Agreement**

1. In consideration of being permitted to participate in the **TCA Class of 2021 Lock In**  on March 19, 2021 we the undersigned parent and student do hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Classical Academy, and its Board of Directors, officers, employees, agents, representatives, and fellow participants from any and all liability for any and all damages, losses or injuries to persons or property, which arise out of, occur during or result from the student’s participation in the activities. (Note, should the date of the event change, this release of liability will be valid on new date of event.)
2. To the best of our knowledge, we are not aware of any physical disability or health-related reasons or problems that would preclude or restrict the student’s participation in the activities. We are fully aware of the risks and hazards associated with participating in the activities and we understand that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. We understand that specific risks vary depending on the level and nature of the games, and can range from minor personal injuries such as scratches, bruises, and sprains, to major injuries such as eye injuries and back or joint injuries, or catastrophic injuries resulting in paralysis or death. We understand that participation is purely voluntary, and notwithstanding the risk of injury to person or property, the student elects to participate in the game, and we VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, AND PERSONAL INJURY, INCLUDING DEATH, that may be sustained by the participant as a result of her participation in the game.
3. WE certify that we have sufficient health insurance coverage to provide for and pay any medical expenses that may directly or indirectly result from my participation in the event. We understand that The Classical Academy provides no insurance coverage and does not take responsibility for the payment of any such medical expenses. We agree to INDEMNIFY AND HOLD HARMLESS The Classical Academy, and its Board of Directors, officers, employees, agents, representatives, and fellow participants from any and all claims, actions, costs, expenses, damages and liabilities, including attorney’s fees, that may be incurred as a result of my participation and involvement in the activities.
4. We understand that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Colorado, and that if any portion hereof is held invalid, it is agreed that the remaining terms shall continue in full legal force and effect.
5. Nothing in this Agreement shall be construed to waive, limit, or otherwise modify any governmental immunity that may be available to The Classical Academy, and its Board of Directors, officers, employees, agents, and representatives under the Colorado Governmental Immunity Act, Colorado Revised Statutes § 24- 10-101, et seq.
6. By our signatures below, we acknowledge and represent that we have read this PARTICIPANT WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, fully understand and accept its terms, and sign it voluntarily.
7. I, (Student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I must have this waiver turned in on time with a parent signature to participate. This liability form must be turned in with confirmation of payment of $15 on PAY SCHOOLS EVENTS by Monday, March 8, 2021.

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| PARENT SIGNATURE/Date |  | STUDENT SIGNATURE/Date |