

**SCOUTING DAY  
RELEASE OF LIABILITY FORM**

Child/Children’s printed name and signature(s):

Age:

Age:

Age:

Parent/Guardian:

Address:

City: State: Zip:

Home Phone: Work phone:

Emergency Contact Name:

Emergency Contact Phone Number:

I give permission for the child/children mentioned above to participate in South Metro Safety Foundation and South Metro Fire Rescue’s Scouting Day. During this event, I understand that my child/children will be participating in a variety of physical activities including, but not limited to, lifting items, running upstairs, managing a fire hose, and riding on a fire engine or rescue vehicle. I recognize there are numerous risks associated with these activities. For example, equipment used in activities may break, fail or malfunction despite reasonable maintenance and use, and may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others. Event counselors use their best judgment in determining how to react to circumstances, but may misjudge such circumstances, an individual’s capabilities and the like. These are some, but not all, of the risks inherent in event activities; a complete listing of inherent and other risks is not possible. There are also risks which cannot be anticipated. By participating in this activity, I run the risk of temporary or permanent physical injury or metal stress, or death. I, for myself, my child, my spouse, heirs and successors, acknowledge and assume the risks involved in these activities and agree to waive, release, discharge, indemnify and hold harmless the South Metro Safety Foundation and South Metro Fire Rescue Fire Protection District, their elected and appointed officials, employees, agents and volunteers (collectively the “District and The Foundation”) from any and all liability for death, disability, personal injury or property damage to myself or my child/children, property damage or theft, or actions of any kind which may hereafter accrue to me or my child/children from participation in the Academy, whether caused by my own conduct, the District’s or Foundation’s negligence or otherwise. The undersigned expressly agrees that this Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado.  If any portion of this Release of Liability is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I, the parent, guardian, or legal custodian of the above child/children do hereby consent to the above release and agree to all terms as stated above.

Date:

Parent/Guardian:

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_