

RELEASE FORM TOURS, PROGRAMS & PHOTOS
Red Feather Lakes Community Library (RFLCL) (the "Sponsor")
Soaring Eagle Ecology Center (SEEC) (the "Co-Sponsor")

RFLCL & SEEC Afterschool Programs for 2021-2022 & Photo Release Form

IN CONSIDERATION OF being permitted to participate in the Activity, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge the Sponsor/Co-Sponsor and its officers, directors, volunteers, shareholders, agents, representatives, owners of buildings/land where events are held, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the Activity, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
2. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity.
3. Understands and acknowledges that the Sponsor/Co-Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.
5. I will follow the current rules and regulations associated with COVID-19.
6. While on SEEC Property there will be no climbing on rocks or trees on the property.

Red Feather Lakes Community Library & SEEC occasionally uses photographs of participants who attend events sponsored/co-sponsored by the library & SEEC in its publications and on its website. Please sign this release form to grant the library/SEEC permission to use your and/or your family's photo.

Check here if you DO NOT want you or family photo used and you do not grant permission to use photo

I hereby grant permission to the Red Feather Lakes Community Library & SEEC to use my photograph with a written statement of identification or historical narrative on its website or in other official printed publications without further consideration, and I acknowledge the Library's & SEEC's right to crop or treat the photograph at its discretion. I also acknowledge that the library & SEEC may choose not to use my photo at this time but may do so at its own discretion at a later date. I also understand that once my image is posted on the library's & SEEC's website, the image can be downloaded and the library & SEEC reserves the right to discontinue use of photos without notice.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING. Therefore, I agree to indemnify and hold harmless from any claims the Red Feather Lakes Community Library and Red Feather Mountain Library District or Soaring Eagle Ecology Center.

Parent's Name (Print) _____ Student's Name _____

PHONE: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

STUDENT AND PARENT INFORMATION AND EMERGENCY CONTACT

STUDENT NAME: _____

GRADE entering this fall (list Students name then grade if multiple children):

PROGRAM TITLES - October 2021 to May 2022:

Circle program(s) attending

Homework and Book Club - Tuesday

GV Art Class – Wednesday

Ready Set Go! - Thursday

PARENT /GUARDIAN NAME(S): _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER: _____ Email: _____

Does your child need to bring medication to Library program? _____

If so please list the name of medication and what it is used for (include name, dose, when child needs to take medication, doctor's name and phone number): _____

Does your child have any allergies (pollen, bees, insect repellent, sun screen, etc.)? _____

Does your child have any food allergies (peanuts, dairy products, etc.)? _____

Sometimes weather or other issues prevent you from being able to pick up your children on time. Please list people that are allowed to pick up your child. Please talk to Darlene if there people you do not want to pick up your children. Make sure to contact Darlene via email darlene@redfeatherlibrary.org or call the library at 970-881-2664 if someone other than you or your partner will pick up your child especially if the person is not listed below. Glacier View does not have cell service. Call the library and they will get the message to Darlene. List people who can pick up your children. _____