

**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 2023-2024 & 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):

\_\_\_\_\_

October 2022 to May 2023: Circle program(s) attending

Homework Help and Tutoring

GV Art Class – Wednesday

Ready Set Go! - Thursday

PARENT /GUARDIAN NAME(S): \_\_\_\_\_

\_\_\_\_\_

PERSON(s) 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](mailto: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. \_\_\_\_\_

\_\_\_\_\_



<b>Staff use only:</b> Participant Name: _____ No. of Children: _____ <input type="checkbox"/> Case mgmt <input type="checkbox"/> Activity: _____ <input type="checkbox"/> Drop-in <input type="checkbox"/> Event <input type="checkbox"/> Other _____
--

## Release of Liability

The undersigned acknowledges that during the participation of the activities and programs of The Matthews House and the Matthews House Community Life Center, certain risks and dangers may occur. The undersigned recognizes that these risks may include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality, due to accidents which may occur.

In consideration, and as part of the right to participate in Matthews House and Matthews House Community Life Center activities, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the activities which are not specifically foreseeable, and will hold the parties named above harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which have or may arise in connection with the participant's participation in any Matthews House activities. In short, the participants and the undersigned cannot sue Live the Victory, Inc., the Matthews House, or their officers, board members, employees, agents, successors, and assigns, and no money can be collected from any of these parties.

If I participate in, support, or in any way cause any action to be taken against Live the Victory, Inc., the Matthews House, or their officers, board members, employees, agents, successors, or assigns in violation of this Release of Liability, I will be liable to such entity or person for all attorneys' fees, costs, and expenses related to defending against my action or in seeking to have my action dismissed.

Name of Participants (please print)


Printed Name of Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian or Participant, if 18 years and older)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_