Tab 1

Comprehensive Student Assumption of Risk and Waiver 2026-27

Comprehensive K-12 Student Waiver - Must be completed for ALL students.

Student First Name: _____Student Last Name: _____

Grade: _____ Attendance Day: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____
(person completing this form)

Activities: events/activities held during or after school including, but not limited to; climbing wall, Segway, Prom, inflatables, school parties, field day, Valentine exchange, performances, off-site parties, pogo sticks

Do you give permission for your student to participate in all of the above named activities? _____
If no, please list the activities you do not give permission for:

Activity Exclusion(s): _____

Assumption of Risk: On behalf of my child, I (parent/guardian) hereby acknowledge and agree that activities such as those listed above have inherent risks such as minor physical/emotional injuries like cuts, bruises, sprains; to serious physical injuries like breaks, dislocations, serious wounds, cardiovascular issues, traumatic brain injury and possibly even a risk of death. I have sufficient knowledge of the nature and extent of the risks associated with these activities and the use of facilities and equipment associated with these activities. If I had any questions or concerns regarding possible risks, I have addressed them with the activity/program or sponsor. I further acknowledge that the risks communicated by the activity/program sponsor may not be inclusive of all the possible risks associated with the above listed activities/school programs and that the activity/program facilitator(s) may not have anticipated all of the risks associated with the above activities. I accept the fact that the program facilitator(s) cannot guarantee my child's total safety since some risks in such activities are beyond their control. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in information communicated to me by the facilitator(s). I understand that if I experience an injury/illness, including a concussion, then it is my responsibility to inform the activity/program sponsor immediately. I hereby give my consent to have my child seen by emergency medical personnel, a physician, or a nurse and treated if necessary in case of sudden illness or injury while participating in the above activity. It is understood that Jeffco Public Schools/Jefferson Academy/The Summit Academy provides no medical insurance for such treatment and that the cost thereof will be at my expense.

_____ (parent/guardian initials) My child and I agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants.

I ,_____ (parent/guardian name), hereby waive, release, and discharge the Jeffco Public Schools/Jefferson Academy/The Summit Academy and their/its successors, heirs, assigns, directors, officers, employees, supervisors, agents, attorneys and representatives, from any and all actions, causes of action, claims, demands, losses, damages, costs, attorneys' fees, judgments, liens or liabilities whatsoever, regarding the aforementioned activity in which I and my child have elected to voluntarily participate.

Date: _____

Parent's Signature: _____

RETAIN FORM IN CORRESPONDING ACTIVITY FILE AT SCHOOL – FOR AT LEAST 1 YEAR FROM DATE OF SIGNATURE Rev. 5/28/26