



**AFTER SCHOOL PROGRAMMING
REGISTRATION FORM – 2023-2024 Academic Year
Spring Session**

February 6-April 23

Grades K-3

Limited to 15 participants

Administrative

Cash Amount:

Check Number:

Credit Card:

CHILD'S NAME _____ DATE OF BIRTH /AGE _____

GRADE 2023-2024 _____

PARENT'S NAME _____

ADDRESS _____

EMAIL _____

PHONE NUMBER _____

SPECIAL MEDICAL NEEDS/ ALLERGIES _____

CONSENT TO EMERGENCY TREATMENT

WE HEREBY AGREE NOT TO HOLD EMPLOYEES, AGENTS, VOLUNTEERS, OR INSURERS OF TWO PEAKS FITNESS INC., LA VETA PUBLIC LIBRARY, OR LA VETA PUBLIC SCHOOLS/RE-2, LIABLE FOR THE PROVISION OF EMERGENCY SERVICES TO MY/OUR CHILD IN CONNECTION WITH MY/OUR CHILD'S PARTICIPATION IN THE TWO PEAKS FITNESS/LA VETA PUBLIC LIBRARY/LA VETA PUBLIC SCHOOLS AFTER SCHOOL ENRICHMENT PROGRAM.

I have read and agree to abide by policies set by Two Peaks Fitness Inc. La Veta Public Libraries, and La Veta Public Schools regarding payment, facility and drop-off policy, etiquette, and proper attire.

I understand that After School Enrichment is a drop-off only activity; a guardian must be present if my child is under the age of 5.

I allow Two Peaks, La Veta Public Library, and/or La Veta Public Schools to use my child's name and/or photographic likeness in all forms and media for advertising, trade or any other lawful purpose.

Enrollment fee for each session: \$30

All registrations and payments must be received by Two Peaks Fitness no later than the end of the first week of the session. NO REFUNDS.

Checks should be made payable to Two Peaks Fitness and can be dropped off at 216 S Main St, La Veta, or mailed to PO Box 905, La Veta CO 81055. Please include this application form.

Parent or Guardian _____ Date _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
(hereinafter referred to as the "Release Agreement")**

**BY SIGNING THIS DOCUMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

Name	Last	First	Middle Initial
	Street		Age
	City	State	Zip Code

TWO PEAKS FITNESS INC., LA VETA PUBLIC LIBRARY DISTRICT, AND LA VETA SCHOOLS/RE2 (to be referred to as "organization") and its (their) directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as **"the Releasees"**)

"ACTIVITY": AFTER SCHOOL ENRICHMENT (to be referred to as **"ACTIVITY"** in this document)

DEFINITION

In this Release Agreement, the term "ACTIVITIES" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: "ACTIVITY"; "ACTIVITY" rental; orientational, and instructional courses, seminars and sessions; travel, transport and accommodation; and other such activities, events and services in any way connected with or related to "ACTIVITY".

ASSUMPTION OF RISKS

In consideration for permitting me/my child/ward to participate in "ACTIVITY", I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in "ACTIVITY" and permitting my use of their services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in "ACTIVITY" DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE *OCCUPIERS LIABILITY ACT*, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN "ACTIVITY" REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in "ACTIVITY";
3. That I have medical insurance coverage and will show proof of insurance;
4. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
5. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Colorado and no other jurisdiction; and
6. Any claim or litigation involving the parties to this Release Agreement shall be made solely under the laws of the State of Colorado and shall be brought only in the Huerfano County Court or the District Court in and for Huerfano County, Colorado.

In entering into this Release Agreement, I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in "ACTIVITY", other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20 ____.

Witness
Please print name clearly

Signature of Participant
Please print name clearly
Signature of Guardian if Participant is under the age of 18