

**COLORADO JUNIOR CREW  
RELEASE & WAIVER FORM**

In consideration of the opportunity for me/my child, \_\_\_\_\_ to participate in Colorado Junior Crew, I, \_\_\_\_\_ hereby agree to assume all risk of personal injury or loss, bodily injury including death, damage to or loss or destruction of personal property for which my child am legally liable occurring in connection with or arising out of participation in the Program. Participant agrees to abide by all instructions and rules as communicated by the program facilitator. Any activity, which is undertaken outside of the instructions/rules prescribed by the facilitator, is at the participant's risk.

By my signature below, I hereby recognize and acknowledge that there are certain risks inherent in participation in the Program. I voluntarily accept and assume these risks on behalf of myself and my child. I hereby also agree to hold harmless, release and forever discharge the Colorado Junior Crew, its officers, agents, administrators, employees, and students from and against any and all claims, demands, costs, and expenses including attorney's fees, arising out of or in any way connected with any bodily injury sustained by me/my child or any liabilities relating to any such injury or loss.

By my signature below, I affirm that I am/my child is in good health and that participation in the club will in no way aggravate any condition(s) present. If in doubt, I will seek further medical advice.

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event of an emergency, I grant the Colorado Junior Crew permission to authorize emergency medical treatment for me/my child, duration of my/my child's participation in the CJC program season.

This document has been signed voluntarily and with full understanding.

Participant : \_\_\_\_\_  
(Parent or Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment for me/my child. In the event of illness or injury requiring emergency treatment, I wish CJC to take the following action:

Date: \_\_\_\_\_

Signature of parent/Guardian : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_