



**City of Golden
KIDS NITE OUT RELEASE**

Kids Nite Out Program Information

Program: **Kids Nite Out Across America** Time: **7:00 p.m. until 10:30 p.m.**

Parent's Name _____ Phone# _____

Child's Name _____ Birth date _____ Age _____

Address _____ City _____ Zip _____

Program Behavior Requirement

The behavior requirements are very simple: respect for self, others, and property. Participants who are physically or verbally abusive, use inappropriate language, or are defiant towards authority will be excluded from all Program activities. Law enforcement will be contacted immediately for possession of alcohol, drugs, or weapons or any other unlawful; activity.

Release / Indemnification

I recognize that certain hazards and risks are an inherent part of any physical activity, and I acknowledge the possibility of injury, loss or damage associated with participation in the Program. I hereby assert that my son or daughter is physically capable of participation in the Program, and I expressly and voluntarily assume all such risks of loss damage or injury whether or not caused by the act, omission, negligence or other fault of the City, its officers, its employees or by any other cause.

I further agree to defend, indemnify and hold harmless the City, it's officers, employees and insurers from and against all liability, claims or demands on account of any injury, loss or damage which arise out of or are in any way related to the Program whether or not caused by the act, omission, negligence or other fault of the City, it's officers or employees or by any other cause.

I understand that this release and indemnification shall be governed by Colorado law and nothing herein shall be deemed a waiver of the rights, immunities, limitations and protections afforded the City by the Colorado Governmental Immunity Act, or otherwise available at law.

I have carefully read this document and fully understand its contents. I am aware that this is a release of liability and indemnification, and I have signed it voluntarily. I hereby verify that I am signing this as the parent or lawful guardian of the participant and that it is binding upon me, my successors, heirs, representatives, assigns and executors.

_____ Date _____
(Signature of Parent or Lawful Guardian of Minor Participant)

Print Name _____