



# Trails Recreation Center Kids' Nite Out Across America Program Statement of Informed Consent

Please read this form carefully and be advised when bringing in your child for the Kids' Nite Out Across America program.

Kids Nite Out Across America does not hold a child care license; therefore, in order to remain compliant with the Colorado Department of Human Services non-licensing requirements, KNOAA cannot require parents/guardians to sign their children in and out of the program, nor can they force children to stay in the facility until a parent/guardian picks them up. The KNOAA program is considered to be a drop in program.

**KNOAA will adhere to the following procedures:**

1. KNOAA can no longer insist that the child remain on premises; however they will recommend that they stay until picked up.
2. All kids who leave unattended will get a red "X" stamp on their hand and will not be allowed to re-enter the facility
3. If the child appears to be leaving unattended, KNOAA staff **will attempt** to identify the child and contact the parent to let them know.
4. A uniformed police officer will be walking around the facility throughout the evening and a KNO staff member will be present at the front entrance at all times.
5. KNOAA will maintain a 1-20 ratio of adult staff to kids.

**ACKNOWLEDGEMENT OF RISK AND RELEASE**

As a participant or parent/legal guardian of a participant in the KNOAA program, I acknowledge that there are certain risks of injury or loss and I expressly and voluntarily assume those risks which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with the KNOAA.

I release all claims which may arise against, and agree not to sue the Arapahoe Park and Recreation District or Trails Recreation Center and its officers, agents, employees and authorized volunteers on my behalf or on the behalf of my child/ward as a result of participating in the KNOAA program.

I further agree to indemnify, hold harmless and defend the Arapahoe Park and Recreation District and the Trails Recreation Center and it's officers, agents, employees and authorized volunteers from any and all claims by other parties resulting from injuries, damages and losses caused by me or my minor child arising out of, connected with, or in any way associated with the activities of the KNOAA program.

In the event of an emergency, I authorize the Trails Recreation Center to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I also understand that the Trails Recreation Center is not a licensed child care center. 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 legal guardian of the participant and that it is binding upon me, my successors, heirs, representatives, assigns and executors. I understand this agreement shall not be modified orally. This document will be kept by the Trails Recreation Center and, if requested, shall be provided to me for my records.

**Participant Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex**  **F**  **M**

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Legal Guardian Print Name** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_