

# END OF THE YEAR CELEBRATION

May 1, 2019

Dear Parents/ Guardians,

Summit Ridge Middle School would like to celebrate the end of the 2018-2019 school year and all of our students' hard work on May 23, 2019. The celebration will include the following:

- Food
- Snow Cones
- Cotton Candy
- Inflatable Obstacle Courses
- Monster Trikes
- Tug -Of- War
- Face Painting & Temporary Tattoos
- Teacher vs. Student Activities
- Dunk-A-Teacher Tank
- Pie-A-Teacher
- Other Field Day Activities & Games



## RULES

Student behavior at school needs to be appropriate. If students are suspended for behavior problems between now and May 23rd, they will not be able to go to the Celebration (per Administrator discretion)! No refunds will be given. We encourage the students to put sunscreen on before arriving at school. Hats will be allowed during the time as it will be outside, but all other dress codes will apply.

The District is committed to ensuring that all eligible students, including those with disabilities, have an equal opportunity to participate in non-academic and extracurricular programs and activities. If your student requires an accommodation to participate in the program(s) described above, please contact our building 504 Coordinator, Andrea Schulz, at 303-982-9013.

Thank you,  
Summit Ridge Staff

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**Return Permission Slip and Money by Friday May 17, 2019  
to your Access Teacher**

\_\_\_\_\_ has my permission to go to the “End of the Year Celebration,” **cost is \$10.00 (cash or checks made out to Summit Ridge PTO).** I have read and understand the above information. I also understand all school rules apply for this event. Please read it and sign the **Student Assumption of Risk and Waiver on the back of this page.** This must be filled out for your student to participate.

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## Student Assumption of Risk and Waiver

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 (activity/school program) 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 provides no medical insurance for such treatment and that the cost thereof will be at my expense.

\_\_\_\_\_(initials child) \_\_\_\_\_(initials guardian) I and my child 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), , hereby waive, release, and discharge the Jeffco Public Schools 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.

Parent's Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019

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## 25 Parent Volunteers Needed

\_\_\_\_ YES, I would be willing to help at the celebration.

**Volunteer Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Volunteer Duty:** \_\_\_\_\_ OR I will help wherever needed.

\* All volunteers will be entered into a raffle to win a gift card as a thank you for your support!