

**Southwest Open School
Student Application form 2025-26**

Student Information

Date _____

Last Name _____

Age _____

Full Middle Name _____

Birth Date _____

First Name _____

Gender: ___ Female ___ Male ___ Other

Preferred Name if Different _____

Street Address _____

E-Mail _____

Mailing Address _____

Phone _____

City _____ State _____ Zip _____

Cell Phone _____

Do you consider yourself to be of Hispanic/Latino origin? YES _____ NO _____

Which of the following groups describe your Ethnicity? – (you may select more than one if applicable)

(01) American Indian or Alaskan Native: Navajo ___ Ute Mountain ___ Northern Ute ___ Southern Ute ___ Other ___

(02) Asian _____

(03) Black or African American _____

(04) Hispanic of any race _____

(05) White _____

(06) Native Hawaiian or Other Pacific Islander _____

(07) Two or more races _____

Parent/Guardian Information

Parent 1/Guardian _____

Parent 2/Guardian _____

Mailing Address _____

Mailing Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Please sign below to indicate that you have read the entire student application packet and provided the correct information needed to enroll your child in Southwest Open School.

Student Signature

Parent Signature

SWOS should mail information to: Parent 1 Parent 2 Both

Student lives with: Parent 1 Parent 2 Both Neither

If the student **does not live with parents**, please fill out the following information on the people with whom the student lives:

Name _____

Relationship _____

Address _____

City _____ State ____ Zip _____

Emergency Contact Information

The individuals listed below have the authorization to pick up my child and can be reached during school hours at the numbers listed below:

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Education Background Information

Last school you attended _____ Year _____

School Address _____ City _____ State ____ Zip _____

School Phone _____ School Fax _____

Last grade enrolled in: 8 9 10 11 12

Number of High School Credits _____

Have you passed the GED? Yes No

Are you planning on utilizing the RE-1 School bus to and from school? Yes No

Have you ever been suspended from school? Yes No

How many times? _____

Have you ever been expelled from school? Yes No

What grade were you in? _____

SOUTHWEST OPEN SCHOOL

Student Use of the Internet and Electronic Communications

Student Name: _____ **(printed)**

If you are 18 years old or older:

I have read, understand and will abide by the district's policy of Student Use of the Internet and Electronic Communications. Should I commit any violation or in any way misuse my access to the school district's computers or computer system, including use of the Internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the school district from all costs, claims, damages or losses resulting from my use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand its significance.

Student's Signature

Date of Birth (day/ mo/yr)

If the user is under 18 years of age, a parent or guardian must also sign this Agreement.

As the parent or guardian of this student, I have read the district's policy on Student Use of the Internet and Electronic communications. I understand that access to the Internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child's Internet or electronic communications use is not in a school setting.

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an Internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the district's policy on Student Use of the Internet and Electronic Communications carefully and understand its significance.

Parent/Guardian's Name (printed)

Date

Parent/Guardian's Signature

SOUTHWEST OPEN SCHOOL

Notice of Trip Procedures Regarding Illegal Substance Possession/Use

While your child is a student at SWOS, it is highly likely that he/she will be taking a trip with their class. Class trips are an important part of the curriculum and it is expected that students participate in trips that are a part of their class content. Parents receive a trip itinerary and information regarding the trip. Teachers are available to answer any questions parents may have concerning trips both before and after the trip.

While a student is on a SWOS trip, it is imperative that a high trust level be established between staff and students. When SWOS staff takes your child on a trip, all SWOS norms must be followed. It is illegal for students to possess or use drugs or alcohol on the school grounds or on any school sponsored activity. If a student possesses or uses drugs or alcohol on a SWOS trip, that student will be subject to discipline, up to and including expulsion from SWOS for the remainder of the school year. The parent is immediately notified and will become responsible for transporting that student home. Please sign the form below to indicate that you understand you will take over responsibility for your child if they possess or use illegal substances on a SWOS trip.

I understand that I will have to accept full responsibility for my child if he/she chooses to possess or use illegal substances on a SWOS trip. This means I will have to make immediate arrangements for my child to be transported back home ASAP.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

SOUTHWEST OPEN SCHOOL:
ACKNOWLEDGMENT & ASSUMPTION OF RISKS AND RELEASE & INDEMNITY AGREEMENT

INTRODUCTION

Please read this entire Acknowledgment & Assumption of Risks and Release & Indemnity Agreement (hereafter, "Document") carefully before signing. The student (hereafter, "participant") must sign this Document. If participant is under 18 years of age (hereafter sometimes "minor" or "child"), one of the participant's parents or legal guardians, or both (hereafter collectively "parent/s"), if available, must also sign. In consideration of the services of Southwest Open School, a 501(c)(3) non-profit charter school association (referred to in this Document as "SWOS"), in allowing participant to participate, I (participant and parent/s of a minor participant) acknowledge and agree as follows:

ACTIVITIES, RISKS AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

Participating (whether simply attending, observing or actively participating) in SWOS year-round educational, experiential, instructional, recreation and/or adventure activities associated with academic programs, curricular or co-curricular activities or otherwise, includes risks. These activities can take place on or off SWOS premises in Colorado or in other locations in the United States and/or in foreign countries. Activities, which may be led or conducted by SWOS staff, volunteers, contractors or others, may include, but are not limited to: classroom activities; competitive or non-competitive athletic sports and/or games, practices and events; P.E. and other athletic activities, including use of weights and weight room activities; hiking; backpacking; camping (winter and summer); cross-country, alpine or back-country skiing, snowshoeing, snowboarding and other outdoor winter activities; rock climbing or bouldering (indoors or outdoors on artificial surfaces or natural rock), canyoneering and use of low or high ropes courses, challenge courses or zip lines (all of which may include use of ropes, harnesses and/or other technical gear); rafting, kayaking, canoeing, or other boating, including riding in chartered motor boats; swimming in pools, rivers, lakes, and/or oceans; road and mountain bicycling; urban and/or trail running; horseback riding; archery; welding; glass blowing; day or multi-day field trips or other trips; service learning projects; SWOS club or intramural activities; use of homestays and other accommodations; use of any equipment, facilities or premises; travel in airplanes, vans, buses or other vehicles to and from SWOS or during trips, events or otherwise (collectively referred to in this Document as "activities"). Activities may take place as mandatory or optional segments during the SWOS academic year or summer curriculum, and may be scheduled or unscheduled, supervised or unsupervised, and include activities undertaken during participant's free and/or independent time. Participant and parent/s of a minor acknowledge that participant's choice to socialize or participate in activities with SWOS staff members outside school hours and/or unrelated to a SWOS organized field trip, outing or program is not a SWOS related activity, and participant does so entirely at their own risk. **I, (and my parent/s, if I am a minor) acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as "risks") of these activities can cause injury, damage, death or other loss to participant or others.** Parent/s of minor participants agree to discuss the nature of these activities and risks with their child and give their child permission to participate in all SWOS activities. **The following describes some, but not all of those risks:**

Risks present in an outdoor environment. These risks include travel in high altitude (up to or possibly above 13,000 ft.), mountainous, desert and/or wilderness terrain, both on and off trail and on land or water. Participants' travel may be subject to storms, including rain, lightning, strong winds, snow or ice; tides, currents, waves, reefs or whitewater; extremely hot (geothermal) or cold water or weather and rapid and unpredictable weather changes; flash floods; mud or rock slides; fast moving rivers, oceans or other water bodies; difficult stream and/or snowbridge crossings; falling or slippery rocks; falling or fallen timber; avalanche dangers; stinging, venomous and/or disease carrying animals, insects or microorganisms; poisonous plants; wild or domestic animals and other natural or man-made hazards. Hazards (both on land and above or below water level) may not be marked or visible and weather is always unpredictable.

Equine risks. Riding or dealing in any way with horses (including donkeys, mules or ponies) includes risks. Horses are unpredictable in all circumstances and, without warning, can kick, bite, stomp, stumble, rear, bolt, fall down, and react to the environment, sudden movements, noise, light, vehicles, people, other animals or objects. Horseback riding can involve equipment that may fail, saddles that may slip and other riders who may not control their animals. **WARNING: Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

Decision making and conduct risks. These risks include the risk that the participant or a fellow participant, SWOS staff member, contractor, or other person may misjudge the participant's (or others) capabilities, health or physical condition, or misjudge some aspect of travel, instruction, medical treatment, weather, terrain, water conditions or water level or route location. **These risks also include the participant's judgment in managing his or her own health issues, including any responsibility for self-medication.**

Personal health and participation risks. The participant's mental, physical or emotional condition (including use or abuse of alcohol or any prescription or non-prescription drugs), disclosed or undisclosed, known or unknown, combined with participation in these activities includes risks. **Although SWOS personnel may review participant's health and medical information, SWOS cannot anticipate or eliminate risks or complications posed by participant's mental, physical (including fitness level) or emotional condition.**

Risks associated with any active, athletic and/or competitive activity. Participating in, training or conditioning for, and/or practicing and competing in any activities can involve frequent and repetitive use of the arms and legs, lifting or carrying weight, balancing, coordination and endurance. Risks include that a participant may overestimate his or her abilities or fitness; be inattentive; lose control and trip or fall and/or collide with others, the ground, rocks or trees or encounter other water/terrain/road/trail/other hazards; not understand the functioning of (or misuse) the equipment; fail to negotiate steep, uneven or difficult terrain; not control his or her speed or experience equipment malfunction.

Service learning project risks. Risks include those associated with activities such as building, digging, lifting, construction, maintenance and repair (including trail work). Projects may involve the use of tools and equipment (i.e. hand tools, power tools, hammers, ladders) and substances (paints, cleaning agents) that can cause injury resulting from use, misuse or malfunction.

PHOTOGRAPHY CONSENT FORM RELEASE

I (*print name*) _____, hereby grant permission to Southwest Open High School, its employees or representatives, to take and use:

photographs
videotape
digital images

of me for use in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the images (s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Southwest Open School.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE OF MINOR CHILDREN (Under 18)

I (*print name*) _____, parent or official guardian of
(child's name) _____ hereby grant permission to Southwest Open School,
its employees or representatives, to take and use:

photographs
videotape
digital images

of my child for use in promotional or educational materials as follows:

printed publications or materials
electronic publications or presentations
web sites

I agree that my child's name and identity:

may be revealed
may **not** be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, digital reproductions and videotape shall be the property of Southwest Open School.

(Signature of Parent or Guardian) (Date)

(Address City, State, Zip)



Southwest Open School

401 N. Dolores Road
Cortez, CO 81321

Phone 970-565-1150
Fax 970-565-8770

***** Please note all parents must complete this form and sign and date it*****

Southwest Open School Medicaid Consent Form

The federal MEDICAID program has instituted a special program whereby school districts may seek reimbursement for health-related services provided by school districts to children with MEDICAID health insurance. Such services include, but are not limited to: assessments and evaluations, nursing services, speech, occupational and physical therapy, and psychological or social work services as part of an individual student's education or health plan. Your child will continue to receive services at no cost to you under this new program. This new program simply helps us maximize federal funds in support of local education. Granting the district permission to receive these federal MEDICAID funds in no way limits any other MEDICAID benefits you child receives outside of school. However, giving your child consent will help our school district expand health and health-related services for all children.

CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

PARENT/GUARDIAN _____
(Name of parent or person in parental relationship – PLEASE PRINT)

CHILD'S NAME _____
(First Name-Middle Initial-Last Name – PLEASE PRINT)

CHILD'S DATE OF BIRTH ____/____/____

CHILD'S SOCIAL SECURITY NUMBER _____ - _____ - _____

CHILD'S MEDICAID NUMBER _____ (If currently eligible)

CHILD IS NOT CURRENTLY ELIGIBLE _____ (Please check here if child is not currently eligible.)

A parent/guardian of the child named above, I give the school district permission to release information related to health services he/she has received at school to local, state, and/or federal MEDICAID representatives for the sole purpose of allowing the school district to seek reimbursement from MEDICAID for those health services.

Signature _____ Date _____

* If at some time you wish to withdraw this permission, please contact the school building nurse*

Armed Forces Recruiting

Important Notice to Parents – Armed Forces Recruiter Access to Students & Student Recruiting Info

The “No Child Left Behind Act of 2001” passed certain new requirements with respect to Armed Forces Recruiter Access to Students and Student Recruiting Information:

- Duty to provide information to Military Recruiters: Unless the parent otherwise request, the District must provide upon request by military recruiters access to high school student’s name, address and telephone listings.
- Consent: Either the high school student or the parent of the student may request that the student’s name, address and telephone listing not be released without the prior parent consent. Schools are required to notify parents of this option to make a request and shall comply with the request.
- Access to students: Each district shall provide military recruiters the same access to high school students as is provided generally to higher education institutions, community colleges and prospective employers.

If you do not want your student’s name, address and telephone listing released to Armed Forces recruiters, YOU MUST SIGN AND RETURN THIS FORM.

Your statement of objections will placed in your child’s records, and we will not release this information to military recruiters without your written consent.

DO NOT RELEASE MY STUDENT’S INFORMATION

As parent/guardian of _____ I do not give permission for the Southwest Open High School to release any information regarding the above student to any branch of the US Military.

Date: _____

Signature: _____

Geographic location risks. Activities may take place in remote locations, several hours or up to a day from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care. Medical facilities may sometimes be primitive, inadequate or inaccessible. Additional delays can result if circumstances require transport from a foreign country back to the U.S. for medical care. Although SWOS staff or contractors may have access to wireless communication devices, use of these devices (whether inside or outside the U.S.) in outdoor or wilderness terrain and/or in any other terrain or location is unreliable and inconsistent.

Risks associated with premises. Participants may cook, or engage in other chores on SWOS premises. In addition, boulders, ruts, slippery walkways, uneven ground or other conditions may exist in and around the SWOS grounds.

Equipment risks. The risk that equipment used in an activity may be misused, or may break, fail or malfunction. This includes participant's personal equipment, SWOS equipment or any other equipment (whether purchased, borrowed, or rented). Participants choosing to bring and use their personal equipment (including any safety gear) assume full responsibility, along with parent/s of minors, for choosing appropriate equipment and for the fit and condition of their equipment. Helmets or other safety gear (required or used for some activities) may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

Boating and swimming risks. These risks include potential water obstacles or hazards such as rapids, boulders, trees/bushes and branches, ropes, fences, other boats; waterfalls, holes, reversals; slipping on wet rocks or boat ramps or jumping off rocks into the water; falling overboard; impact with rocks/equipment/the river bottom/other people; being swept into a river current; or experiencing a boat capsize or collision.

Climbing risks. Whether climbing, or using zip lines or ropes or challenge courses, risks include the possibility of slipping and falling partway or to the ground; burns; pinches; jolts; belayer inattention or error; losing grip on the rock or a climbing hold; impacting the rock face, a climbing tower, cable, objects or people; being hit by rock or debris fall from above; loose or damaged climbing holds; and equipment failure or misuse.

Cooking, camping and travel risks. While camping or otherwise, participants may cook over a gas or propane stove and are subject to the risk of gas explosion, scalding or other burns. Contaminated water is a risk in natural or primitive settings and water may be disinfected, filtered or boiled before use. Food or water is also provided by vendors, contractors, host families or public restaurants with risks of contamination or allergic reaction. Camp sites may be subject to falling trees and/or branches, floods, wildlife disturbances, and other hazards.

Free or unsupervised time. Participants may have free or unsupervised time during sleeping hours, before, during and after the start of an activity, and at various other times. Unsupervised time may include free time and/or brief periods of time outdoors, stationary and alone (solo). **During both supervised and unsupervised activities, all participants share in the responsibility for their own well-being.**

U.S. and International travel risks. Travel inside or outside the U.S. can involve unique risks such as political unrest, terrorism, contact with unusual diseases, exposure to contaminated food or water, dangerous road or travel conditions, thievery, abduction and other risks. Participants may be subject to laws and legal systems in foreign countries that do not provide the same protections as the U.S. legal system. **NOTE:** Although SWOS considers current geo-political climates in choosing international program locations, SWOS personnel are not experts in assessing the likelihood of terrorist activity, political unrest, the need for vaccinations or other issues. **The participant and his or her parent/s are responsible for conducting their own independent investigation through the U.S. State Department, U.S. Centers for Disease Control, World Health Organization or other sources, should they have any concerns about program locations.**

Risks regarding conduct. The potential that the participant, other participants or third parties, may act carelessly or recklessly.

These and other risks may result in participants: falling partway or falling to the ground or into the water; being struck by, colliding with or impacting objects, people, vehicles, animals, the rock face or the bottom of a water body; experiencing vehicle or boat collision, capsize or rollover; getting caught or entangled in objects above or below water; reacting to high altitudes, weather conditions or increased exertion; becoming lost or disoriented; suffering gastro-intestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause heat or cold related illnesses or conditions (including hypothermia, hyperthermia, cold water immersion, frostbite or heat exhaustion/stroke); dehydration; hyponatremia; drowning; high altitude sickness (e.g. high altitude pulmonary or cerebral edema); heart or lung complications; broken bones; paralysis or other permanent disability; mental or emotional trauma; concussions; sun burn or other burns; illnesses (including contracting animal/insect borne or contagious diseases); infections; cuts; wounds; or other injury, damage, death or loss.

I (participant and parent/s of a minor participant) agree:

- to accurately review all information received, complete and abide by all required forms, and obey SWOS rules and other policies;
- SWOS representatives are available should I have further questions about these activities or the associated risks;
- to disclose any mental, physical or emotional condition/s or limitation/s which might affect participant's ability to participate, and represent that participant is fully capable of participating without causing harm to him/ her/their self or others;
- participant and parent/s of a minor are responsible for any lost, stolen or damaged equipment;
- SWOS contracts with individuals or organizations that are independent contractors (not employees or agents of SWOS) to provide or conduct some of the services and activities participants will engage in. SWOS does not supervise or control these contractors and is not legally liable or responsible for their conduct. In addition, organized and/or competitive activities, including competitions, meets, events and races are often organized by third parties and/or take place on premises or at facilities not owned by, or associated or affiliated with, SWOS. SWOS does not oversee, supervise, or take responsibility for any aspect or condition of these independent services, activities, facilities or premises. Participant and parent/s of a minor acknowledge that they may independently inspect and assess any of these services, activities, facilities or premises, if they choose to do so;
- the information provided above is not complete, other unknown or unanticipated activities, risks and outcomes may exist, and SWOS cannot assure participant's safety or eliminate any of these risks.

Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of a minor) assume and accept full responsibility for participant, for the inherent and other risks (known and unknown, described above or otherwise) of these activities and for any injury, damage, death or other loss suffered by participant (and parent/s of a minor), resulting from those risks, including the risk of participant's own negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. I (adult participant, or parent/s for themselves and for and on behalf of their participating minor child) agree as follows:

1) to release and agree not to sue SWOS, the Montezuma Cortez RE-1 School District, and each of their respective officers, directors, teachers or other employees, agents, representatives and volunteers, including but not limited to leaders, guides and mentors, and all related or affiliated individuals or entities (hereafter individually and collectively "Released Parties"), with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter "claim" or "claim/s"), for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, including use of any equipment, facilities or premises. I understand I agree here to waive all claim/s I or my child may have against the Released Parties, bind my/my child's estate and any family member/heir/other party bringing claim/s, and agree that neither I, my child nor anyone acting on my or my child's behalf, will make a claim against the Released Parties as a result of any injury, damage, death or other loss suffered by me or my child;

2) to defend and indemnify the Released Parties ("indemnify" meaning protect by reimbursement or payment), with respect to any and all claim/s brought by or on behalf of me, my participating child or spouse, my/my child's other family member/s, heir/s or estate, a co-participant or any other person for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, including use of any equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s of or resulting from the Released Parties' negligence (but not any of their gross negligence or willful, wanton or reckless misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or any other claim.

OTHER PROVISIONS: I (participant and parent/s of a minor participant) further agree:

- Colorado substantive law (without regard to its "conflict of law" rules) governs this Document, any dispute I or my child have with the Released Parties and all other aspects of my or my child's relationship with the Released Parties, contractual or otherwise, and I agree that any mediation, suit or other proceeding must be filed or entered into only in Montezuma County, Colorado. I agree to attempt to settle any dispute (not settled by discussion) through mediation before a mutually acceptable Colorado mediator;
- I authorize SWOS staff, representatives, contractors or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and to provide treatment they consider necessary for my/my child's health. I agree to pay all costs associated with that care and transportation. I agree to the release (to or by SWOS) of any medical records necessary for treatment, referral, billing or insurance purposes;
- SWOS reserves the right to remove any participant from any activities, if staff believe, in their judgment, the participant presents a safety concern or medical risk, is disruptive, or engages in illegal or offensive conduct. Use of illegal drugs, tobacco products or alcohol are examples of conduct that can lead to early dismissal. If participant is dismissed or departs for any reason, participant (and his/her/their family) are responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies or otherwise;
- I authorize SWOS or parties it designates the right and permission to photograph, film, record and/or otherwise capture my or my child's name, image, voice, written statement, photograph and/or visual likeness and use those in any media throughout the world, in perpetuity, including for reproduction, display or otherwise on the worldwide web or in publications, film or other form for educational, promotional or other purposes, without compensation to me or my child. I agree that SWOS owns all ownership/copyright rights and I waive any privacy, inspection or approval rights;
- This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect;
- this Document is effective in regard to the participant's enrollment or participation in all activities from the date signed until a subsequent SWOS Acknowledgment and Assumption of Risks & Release and Indemnity Agreement is signed by the participant (and parent/s of a minor participant), and shall remain in full force and effect for all activities completed by the participant up until that point.

Participant and parent/s of a minor participant: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and legally binding upon me, my spouse, participating minor child and other children, and parent/s/participant's other family members, heirs, executors, representatives, subrogors, assigns and estate. The participant must sign below. If participant is a minor (under 18 yrs. of age), one of the minor's parents or legal guardians, or both, if available, must also sign below.

Participant Signature	Date	Print name here
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1 st Parent or Guardian Signature	Date	Print name here	2 nd Parent or Guardian Signature	Date	Print name here
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Southwest Open School

401 N. Dolores Road
Cortez, CO 81321

Phone 970-565-1150
Fax 970-565-8770

PERMISSION TO TREAT FOR ILLNESS OR INJURY AND SECURE EMERGENCY SERVICES

I give my permission for my child _____ to participate in any Southwest Open School (SWOS) field trips. In the unlikely event of an accident involving my child, I request that the trip leader (s) secure emergency services (including rescue, evacuation, and medical treatment) for my child and grant them legal permission to sign for such emergency services. I agree to incur any additional expenses associated with such action. As parents/guardians, we understand that field trips are a significant part of SWOS curriculum. I have decided that our child is physically, mentally, and socially able to participate in these field trips. I acknowledge that any medical or accident insurance we consider necessary will be our responsibility to locate and purchase. I have read and agree to these terms and do hereby release SWOS and its employees and volunteers from liability for damages, injuries, or losses that may occur while my child is on a SWOS field trip.

SWOS staff has my permission to give my child:

Tylenol _____ Ibuprofen _____ Antacids _____ Cough Drops _____

Parent/Guardian

Date

In an emergency, contact me at: _____

If you cannot reach me, please contact _____ at _____.

Note: The Colorado Division of Wildlife is an excellent source of rescue insurance. All hunting and fishing licenses contain a .25 cent surcharge to cover rescue costs. The Division also sells hiking certificates, good for five years, that provide the same coverage. We encourage all parents to obtain this coverage, not just for SWOS but for all outdoor activities.

Inexpensive medical insurance is available through the school district.



Southwest Open School

401 N. Dolores Road
Cortez, CO 81321

Phone 970-565-1150
Fax 970-565-8770

SWOS Insurance and Liability Form

The following form is required for participation in the Southwest Open School program.

Your signature at the bottom of this form affirms that you have read and understood the following:

1. I am aware that SWOS does not provide liability medical coverage for my child during this program. At SWOS, my child will be involved in on-campus and off-campus activities that involve some inherent risk.
2. It is recommended that your child be covered by a major medical insurance policy during the school year. If you do not have major medical insurance for your child for this program, inexpensive medical insurance is offered through the Montezuma-Cortez School District RE-1. It is recommended that you choose a 24-hour coverage, available through GTL Insurance Company (Call SWOS for GTL form). I understand that school insurance is available. I _____ choose or _____ do not choose to purchase school insurance for my child.
3. My son/daughter, _____, is adequately covered by major medical insurance policy during the times of the above program dates. Listed below is our insurance policy information. Listed below is our insurance policy information.
Name and address of Insurance Company responsible for medical expenses:

Name _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Policy Number _____

_____ Initial here if you do not have any insurance. As the parent/guardian, I will be responsible for any medical payments that might arise.

Signature of Parent or Guardian

Date

Permission to Leave Campus

My child, _____, **is under 16 years of age** and has my permission to leave campus during school hours (lunch hour/break) for non-school activities.

Parent/Guardian

Date