NoCo's Greatest Drive-Thru Trick-or-Treat Experience
Acknowledgment of Risk, Waiver And Release Of Liability
Location: Thompson School District Administration Building - October 30, 2021

I understand and hereby acknowledge that participation in the activity that I’ve signed up for involves INHERENT RISKS AND HAZARDS including, but not limited to: injuries such as cuts, contusions, strains, fractures, sunburn, etc. I VOLUNTARILY accept and assume all such RISKS AND HAZARDS and do hereby release Thompson Education Foundation, My Big Day LLC and Thompson School District from any and all liability including, but not limited to bodily injury, personal injury, and/or property damage and to save and hold harmless Thompson Education Foundation, My Big Day LLC and Thompson School District, its agents and employees from any and all claims, demands, or causes of action of whatsoever kind or nature resulting from my VOLUNTARY participation in said activities.

Due to the COVID-19 pandemic, participation in this event is entirely VOLUNTARY and I understand my participation is at my sole risk. Thompson Education Foundation, My Big Day LLC and Thompson School District have implemented preventative measures intended to reduce the risk of COVID-19 transmission during this event. I understand that Thompson Education Foundation, My Big Day LLC and Thompson School District cannot guarantee that a participant will not become infected with COVID-19 and I will comply with all Thompson School District policies, rules and regulations to reduce the risk of COVID-19 transmission.

I also understand that I am financially responsible for any medical treatment needed for injury or illness that may occur during the course, or as a result of my participation, in this event and/or for the costs to repair or replace property used during participation in this event.

I hereby grant permission and consent to Thompson Education Foundation, My Big Day LLC and Thompson School District, their officers, employees, volunteers, and agents to photograph, film and/or videotape me at the event for promotional purposes and to edit, portray, and exhibit the photograph, film/ videotape produced thereby in part or in whole, for cablecast and/or broadcast or other public viewing.

I acknowledge that I am being allowed to participate in this activity with the understanding that I accept the risks involved. I agree to hold harmless Thompson Education Foundation, My Big Day LLC and the Thompson School District, their agents or employees from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to my participation in this event.

Participant Name: ________________________________  Cell #: ____________________________

Participant Signature: ________________________________  Date: ____________________________

Send completed form to:  Christine Forster, My Big Day Marketing & Events
Office: 970-613-1455  MyBigDayEvents@outlook.com