

**THOMPSON SCHOOL DISTRICT R2J
ODYSSEY OF THE MIND
PARTICIPATION PERMISSION FORM**

Date _____

Dear Families:

Your child has requested to participate in Odyssey of the Mind (OM) team during this school year. A team chooses one of six competitive problems to solve. The problems appeal to a wide range of interests e.g., technical, artistic, performance-oriented.

Under the guidance of an adult coach, teams work on their solutions throughout the school year and if they choose, present them in organized competitions in the spring.

Transportation to and from meetings is the parent or guardian's responsibility. The District cannot and does not assume any responsibility for the safety of the driver or passengers, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Participants might use hand tools, scissors, paints, markers, sewing items, wire, weights, etc. and engage in strenuous activities while working on a team. While accidents and injuries are rare in the program, there is a risk of injury to participants at meetings, practices, competitions and when traveling to and from scheduled activities. No amount of instruction or precautions will totally eliminate all risk of injury. The obligation of parents and children in making a choice to participate in an activity where the risk of injury may be inherent cannot be overstated. Participants have the responsibility to help reduce the risk of injury by participating in the activity in a safe and effective manner.

For more information visit www.coloradoodyssey.org or your sponsor listed below.

Name(s) and phone numbers of sponsors/coaches (circle appropriate status):

_____	District Staff	Volunteer
_____	District Staff	Volunteer
_____	District Staff	Volunteer

Please complete and return the bottom portion of this letter to the school by: _____

My child, _____, has my permission to participate in in Odyssey of the Mind during the **2013-2014** school year.

Your signature acknowledges that your child is being allowed to participate in Odyssey of the Minds with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity. Nothing in this Agreement shall be construed as a waiver by Thompson School District of any rights, immunities, privileges, monetary limitations to judgments, or defenses provided to Thompson School District by the Colorado Governmental Immunity Act, Sec. 24-10-101 et seq., C.R.S., as from time to time amended, or otherwise available to Thompson School District.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please provide your contact information:

Work/Home: _____ Cell: _____ Other: _____