
Acknowledgement and Assumption of Potential Risk

Voluntary Sports Activity

(Student Name) _____ has my permission to participate in the activity listed below. **I fully understand the following:**

(Circle appropriate activities) Football, Basketball, Volleyball, Cheerleading, **Track & Field**, Baseball, Soccer, Wrestling, Tennis, **Cross Country**, Golf, Other SURFING by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | | |
|--------------------|--------------------|-----------------------------|
| 1. Sprains/strains | 4. Unconsciousness | 7. Head injuries/Concussion |
| 2. Fractured bones | 5. Paralysis | 8. Loss of eyesight/hearing |
| 3. Cuts/abrasions | 6. Disfigurement | 9. Death |

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the _____ School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/ daughter which is incident to and/or associated with preparing for and/or participating in this activity. I further relieve the _____ School District, its employees, officers, agents, or volunteers from any liability for loss or damage to any personal property that may be damaged, lost or stolen.

List any medical conditions, allergies or other limiting factors:

* Medical examination release has been completed: Yes No (Circle one)

Family physician name: _____ Phone # _____

Health insurance/MEDI-CAL per Education Code 32220-32224: Yes No (Circle one)

Plan name and number: _____

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this **Voluntary Sports Activities Form** and that I understand and agree to its terms.

Parent/legal guardian (if under 18)

Date

Student signature

Date

* Medical exams are required for all athletic participants (including cheerleaders) of any school sports team (K-12). Participation includes: tryout (except cheerleading tryouts that only have standing cheers), practice and competitive play. Band members and team managers - i.e., non-playing field participants are exempt.



**PARENT PERMISSION WAIVER FOR STUDENT PARTICIPATION
IN AN ACTIVITY BEING TRANSPORTED IN A NON-DISTRICT
VEHICLE BY NON-DISTRICT PERSON**

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, parent or guardian of _____, a student, hereby agree to allow such student to participate in _____ during the _____ school year. I understand that the above activity will occur during normal class period or may occur outside of the normal school hours. I understand that the District does not transport or provide transportation for students to and/or from this activity. I understand that it is my responsibility to make the necessary arrangement for my student to be transported to and/or from this activity.

I understand and hereby agree that it is my choice for how my student is to be transported to and from these specified activities. I fully understand that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-district sponsored transportation. I understand that I may choose to allow my child to drive him/herself, be transported by another student or adult; or make other arrangements for my student to be transported.

I understand that any driver of my student is not a district person and is not an agent of or on behalf of the District. For and in consideration of permitting the student named above to be transported home in a non-district vehicle driven by a non-district person, I hereby as the undersigned voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to the student arising as a result of the student being transported by a non-district vehicle driven by a non-district person.

I agree to defend _____ School District, its officers, agents, employees and volunteers against any claim or lawsuit for injury, loss, or damage arising from or in any way connected with such student's participation in this activity, including transportation.

I have carefully read this agreement and fully understand its contents. I am aware that this is a Release of Liability and Indemnity, and it is a legally binding contract between the _____ School District and me, and I sign it of my own free will. I fully recognize and understand that this is not a school-required activity and that participation is not required.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
Parent/Legal or Guardian Signature

Print Parent Name: _____

Address: _____