

Acknowledgement & Assumption of Potential Risk

Voluntary Activity

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

(Activity) _____, 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 | 6. Disfigurement |
| 2. Fractured bones | 7. Head injuries |
| 3. Cuts/abrasions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Death |
| 5. Paralysis | |

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

The undersigned has read and hereby agrees to hold the _____ School District, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by (Student Name) _____ in the above named activity.

List any medical conditions, allergies or other limiting factors:

Health insurance/MEDI-CAL per Education Code 32220-32224: _____

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 Activity Form and that I understand and agree to it's terms.

Parent/legal guardian (if under 18)

Date

Student signature

Date