

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 \_\_\_\_\_ 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 2. Fractured bones 3. Cuts/abrasions 4. Unconsciousness 5. Paralysis 6. Disfigurement 7. Head injuries/Concussion 8. Loss of eyesight/hearing 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.