

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 | 4. Unconsciousness | 7. Head injuries |
| 2. Fractured bones | 5. Paralysis | 8. Loss of eyesight |
| 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.

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 recommended for all playing field participants (includes cheerleaders); however, they are only *required* for high school. Band members, team managers and ROP students—i.e., non-playing field participants—are exempt.