

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the District sponsored activities of _____.

The undersigned understands and acknowledges the following:

- o That these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
- o That some of the injuries/illnesses which may result from participating in these activities include, but are not limited to the following:
 - * Sprains/strains
 - * Fractured Bones
 - * Unconsciousness
 - *Head and/or Back Injuries
 - * Paralysis
 - * Loss of Eyesight
 - * Communicable Diseases
 - * Death
- o That participation in these activities is completely voluntary and as such is not required by the District.
- o That in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for an and all potential risks which may be associated with participation in such activities.
- o That the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular/co-curricular activities.