

**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:  
That these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

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

That participation in these activities is completely voluntary and as such is not required by the District.

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.

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.

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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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.