

PARTICIPATION AGREEMENT FOR VOLUNTARY SPORTS/ACTIVITIES

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter _____ to participate in District sponsored activities of _____.
(List above all sports you plan to participate in this school year.)

I understand and acknowledge that these activities, by their nature, pose the potential of serious injury/illnesses which may result from participating in these activities include, but are not limited to the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and/or back injuries
5. Paralysis
6. Loss of eyesight
7. Communicable diseases

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in these activities.

I understand, acknowledge and agree 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 PARTICIPATION AGREEMENT FOR VOLUNTARY SPORTS ACTIVITIES and that I understand and agree to its terms.

Parent/Guardian Signature

Date

Student Signature

Date

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