



(Student Name) _____ has my permission to participate in the activity listed below. **I fully understand the following:**

(Activity) _____, 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 | 5. Paralysis | 9. Death |
| 2. Fractured bones | 6. Disfigurement | 10. Cardiac/Respiratory Issues |
| 3. Cuts/abrasions | 7. Head injuries | 11. Infectious Diseases |
| 4. Unconsciousness | 8. Loss of eyesight | |

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

The undersigned has read and hereby agrees to hold the _____ School District, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by (Student Name) _____ in the above named activity.

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

I hereby waive, release and discharge the _____ School District from, on behalf of myself, my child, spouse, heirs and legal representatives, any and all claims, including claims arising from the School District's own ordinary negligence, and from any and all damages, which may be sustained by my child directly or indirectly in connection with, or arising out of, participation in or association with the activity described above.

List any medical conditions, allergies or other limiting factors:

Health Insurance/MEDI-CAL per Education Code 32220-32224: _____

Plan name and number: _____

In the event of illness or injury during a field trip or excursion, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation are considered necessary in the best judgement of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I acknowledge that I have carefully read this Voluntary Activity Form and that I understand and agree to its terms.

Parent/legal guardian (if under 18)

Date

Student signature

Date