VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK
I authorize my son/daughter, to participate in
the District-sponsored activities of .
I understand and acknowledge that these activities, by their very nature, pose the
potential risk of
serious injury/illness to individuals who participate in such activities.
I understand and acknowledge that participation in these activities is completely
voluntary and as
such is not required by the District for course credit or for completion of graduation
requirements.
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 that may be
associated with
participation in such activities.
I understand, acknowledge, and agree that the District, its employees, officers, agents,
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
activities.

INSURANCE WAIVER
I have private health insurance for my child with at least $5,000 of medical and
hospital coverage which meets the requirements under the Education Code
Section 32221. I have provided the pertinent policy information and proof of
insurance is attached.

Student's Name: ____________________________

Subscriber's Name: _________________________

Parent/Guardian Signature: __________________

Date: ____________________