

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter,	es of		to
I understand that these activities, by their ve individuals who participate in such activities		e the potential risk	of serious injury/illness to
I understand and acknowledge that some of these activities include, but are not limited t			result from participating in
1. Sprains/strains	5.	g. Paralysis	
2. Fractured bones	6.	Loss of eyesight	
3. Unconsciousness	7.	Communicable d	liseases
4. Head and/or back injuries	8.	Death	indeades
I understand and acknowledge that participa not required by the District for course credit			
I understand and acknowledge that in order to assume liability and responsibility for any participation in such activities.			
I understand and acknowledge that in order own medical and accident insurance for my	•		
I understand and acknowledge, and agree the shall not be liable for any injury/illness suffer associated with preparing for and/or participal participal states.	ered by my so	n/daughter which is	,
I acknowledge that I have carefully read this FORM and that I understand and agree to it		RY ACTIVITIES	PARTICIPATION
Parent/Guardian		Date	
Student Signature		Date	
Medical Insurance Carrier	Policy No.	Address	<u>, , , , , , , , , , , , , , , , , , , </u>
A signed VOLUNTARY ACTIVITIES PA before a student will be allowed to particip extra-curricular activities.			be on file with the District