

**Acknowledgment & Assumption of Potential Risk**  
*Voluntary Sports Event or Activity- High School*

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

(Sport or 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 | 6. Disfigurement    |
| 2. Fractured bones | 7. Head injuries    |
| 3. Cuts/abrasions  | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Death            |
| 5. Paralysis       |                     |

**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 my son/daughter in the above named sport.

List any medical conditions, allergies or other limiting factors:

Check here if no blood transfusions or blood products are to be given. Signature: \_\_\_\_\_

\*Medical examination release has been completed: \_\_\_\_\_

Family physician name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health insurance/MEDI-CAL per Education Code 32220-32224: \_\_\_\_\_

Plan name and number: \_\_\_\_\_

"Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-888-747-1222."

**CONSENT TO TREAT**

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgment of the attending physicians or dentists.

**I acknowledge that I have carefully read this voluntary activities form:**

Parent/Legal guardian (student if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

Parents' phone numbers: (work) \_\_\_\_\_, (home) \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

- Medical exams required for all playing field participants (includes cheerleaders); however, band members, team managers and ROP students - i.e., non-playing field participants - are exempt.