

San Diego Unified School District
ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY
AGREEMENT FOR VOLUNTARY ACTIVITY

Cocurricular
 Extracurricular

Club
 CTE

On Campus
 Off Campus

I, (Participant's Full Name) _____, have voluntarily decided to allow my child/or myself to participate in the activity or activities shown below:

Description of activity:

LUNCH TIME SPORTS INTRAMURAL PROGRAM

Date(s) of activity: TUE, THU **Time of Activity:** 10⁵⁰ A.M. P.M. to 11¹⁵ A.M. P.M.

Location: ATHLETIC FIELDS AND COURTS

Name of Sponsoring School or Club: MARSHALL MIDDLE

If activity is off campus, transportation will be by: School bus Charter Bus Private Auto Walking Airline

Other _____

1. **Acknowledgement of Voluntary Participation.** I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.

2. **Assumption of Risk.** I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not limited to:

*Sprains/strains

*Head, face, or dental injuries

*Drowning

*Communicable diseases

*Loss of eyesight

*Seizures

*Fractured bones

*Paralysis

*Unconsciousness

*Disability or death

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.

3. **Release From Liability.** I, and /or participant, hereby voluntarily release, discharge, waive, and relinquish any and all claims or causes of action against San Diego Unified School District, its officers, agents, or employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

Date

Signature of Parent or Adult Participant

(_____)_____
Home Phone Number

Date

Signature of Student (if over 18 years old)

(_____)_____
Home Phone Number