



**VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY
INFORMED CONSENT AND LIABILITY RELEASE
ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

Student name

Birth date

Parent or legal guardian (Please print)

Student address

School/District

Sport/Activity

Coach/Instructor

I authorize my son/daughter, named above, to participate in the indicated sport/athletic event or activity. I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event 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 and strains | 6. Disfigurement |
| 2. Fractured bones | 7. Head injuries |
| 3. Lacerations, abrasions, and avulsions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Death |
| 5. Paralysis | 10. Exposure to Infectious Diseases |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary, and is not required by the District/School for completion of graduation requirements. I also understand that, if I do not consent to my son's/daughter's participation in the sport/athletic event or activity, he/she will be offered an alternative course of study for graduation credit.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code or other applicable statutes, regulations, policies and procedures, any participant determined to be in violation of safety requirements, behavior standards or other prohibited conduct may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I also understand that the District/School, due to the COVID-19 virus or other potential infectious diseases, is undertaking to reopen under a plan to facilitate a safe environment for educational programs in addition to extra-curricular, co-curricular and sport/athletic events or activities. In doing so, I further understand that the District/School will be adopting reopening plans designed to meet the requirements and recommendations of state agencies, health advisors and other responsible bodies. However, I also understand and acknowledge that despite the District's and School's efforts, the risk of infection from the COVID-19 virus, or others, cannot be eliminated at this time, and that my son/daughter may be exposed as a result. I also understand and acknowledge that in participating in this sport/athletic event or activity, my son/daughter will increase his/her

interaction with students, coaches and assistants, and the corresponding risk of contact and infection, and that this may include functions involving students and facilities other than the District's and School's operating under potentially a different reopening plan, further increasing the risk of exposure of my son/daughter. Finally, I understand, acknowledge and agree that despite reasonable care and steps by the District/School, that the virus presents serious challenges to prevention and control, and reasonable efforts by the District/School that does not assure that my son/daughter may not be infected, and that the infection may not be brought home. Despite all the above I am freely and voluntarily signing this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Risk" form to enable and authorize my son/daughter to participate and releasing and discharging the District/School and its/their governing board, officers, agents, employees and/or volunteers from any liability for my son/daughter becoming infected in his/her participation in the event or activity.

I agree to, and do hereby release and hold the District/School and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity, including reopening programs or procedures of the District/School for the return of students and participation in such events or activities

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Risk" form and that I understand and agree to its terms.

Signature (Student)

Date

Signature (Parent or legal guardian)

Date

Home telephone

Work telephone

Mobile telephone