



Liberty Union High School District  
20 Oak Street  
Brentwood, CA 94513  
(925) 634-2166  
FAX (925) 634-1687

## VOLUNTARY ACTIVITIES PARTICIPATION FORM

### CONSENT TO PARTICIPATE:

Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if not living with student): \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

By its very nature, \_\_\_\_\_, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves the risk of injury; participation in \_\_\_\_\_ by high school students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in \_\_\_\_\_ resulting in death, paraplegia, quadriplegia, and other very serious physical impairments as a result of athletic participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and neck injuries
5. Neck and spinal injuries
6. Paralysis
7. Loss of eyesight
8. Communicable diseases
9. Internal organ injuries
10. Brain damage
11. Death

By signing below, you acknowledge that you understand and accept such risk and authorize the student named above to participate in \_\_\_\_\_. By choosing to participate, you acknowledge that such risks exist.

**ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_, to participate in the District sponsored activities of \_\_\_\_\_.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in \_\_\_\_\_ is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in \_\_\_\_\_.

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 child which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to the terms.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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.