

Chino Valley Unified School District - RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Athlete's Name: _____ Sport(s): _____

Address: _____ Phone: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____ Emergency Phone: _____

WARNING OF POSSIBLE SERIOUS INJURY - SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETICS OR OTHER EXTRACURRICULAR ACTIVITIES AND CLUBS.

By its very nature, athletics and physically demanding extracurricular activities, including tryouts, may put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur. Parents/guardians must assess the risks involved in such participation and make their choice to permit participation despite those risks. No amount of instruction, precaution, or supervision will eliminate the risk of injury. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of such participation.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter to participate in the district sponsored athletic or extracurricular activities. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include but are not limited to the following:

- | | | | |
|--------------------|--------------------------|-----------------------------|-----------|
| 1. Sprains/strains | 4. Paralysis | 7. Neck and Spinal injuries | 10. Death |
| 2. Fractured bones | 5. Loss of eyesight | 8. Brain damage | |
| 3. Unconsciousness | 6. Communicable diseases | 9. Internal organ injury | |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements. 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 such activities. 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 son/daughter which is incident to and or associated with preparing for and/or participating in these activities. I understand that I have carefully read this RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE form and that I understand and agree to its terms.

Indemnification and Hold Harmless: I agree to INDEMNIFY AND HOLD CHINO VALLEY UNIFIED SCHOOL DISTRICT HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law.

Acknowledgment of Understanding: I have read all previous paragraphs, including the waiver of liability, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the Activity, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge my child's participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the extent allowed by law.

In the event of any illness or injury, I give full authority to the district staff to obtain such medical treatment and/or surgery from a licensed physician/surgeon, paramedic or hospital as deemed necessary for the welfare of my child. I acknowledge that I fully and completely understand the potential risks that may be associated with this Activity and that my child's participation is strictly voluntary.

CONSENT TO PARTICIPATE

By signing below, I/we assume all risks involved with participation in athletics and extracurricular activities as outlined in all sections of this form.

Signature of Participant

Date

School Approval Signature

Date

Parent or Legal Guardian Signature

Date

Day Phone: Area Code and Number

Please Print Parent or Legal Guardian Name

Night Phone: Area Code and Number