

**SFUSD ATHLETIC OFFICE
VOLUNTARY ACTIVITY PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

_____ wishes to participate in the District-sponsored activities
of _____.

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 | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which 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 me which is incident to and/or associated with preparing for and/or participating in this activity.

If the student has health or accident insurance, list company name, policy number and local claims address:

Company Name Policy # Claims Address

Family Doctor's Name Phone # Preferred Hospital – in case
of emergency

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

I hereby give my consent for my son/daughter to compete in the sport(s) of _____.
In case of illness or injury, the head coach or site administrator is authorized to have the student examined and treated, and authorize the medical agency to render treatment. I also consent to permit access to the contents of this form and my son/daughter's physical examination form to licensed physicians engaged in providing medical services to student-athlete participants.

Student Signature Date

Parent/Guardian Signature Date