

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT ATHLETIC OFFICE
VOLUNTARY ACTIVITY PARTICIPATION PARENT/GUARDIAN CONSENT FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

My student, _____, wishes to participate in the sport of _____,
an athletic activity at _____ School, that is sponsored by the San Francisco Unified School
District ("District").

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

I understand and acknowledge that in order for my student 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 my student which is incident to and/or associated with preparing for and/or participating in such activities.

I give my consent for my son/daughter to compete in the sport of _____. In case of illness or injury, I give my consent for the head coach or site administrator to have my student examined and treated, and I authorize the medical agency/licensed physicians engaged in providing medical services to render treatment. I consent to allow the medical agency/licensed physicians engaged in providing medical services to my student to share medical information about my student with District staff to the extent that doing so is necessary to allow District staff to make a decision about my student's participation in an activity. I also consent to permit access to the contents of this form and my son/daughter's physical examination form to the medical agency/licensed physicians engaged in providing medical services to my student.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION PARENT/GUARDIAN CONSENT FORM, and that I understand and agree to its terms.

Parent/Guardian Signature Date

PRINT NAME of Parent/Guardian Telephone Number

Address City, State, Zip Code

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

Student Signature Date

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

Company Name Policy # Claims Address