VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY INFORMED CONSENT AND LIABILITY RELEASE ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

Student Name   Birth date   School

Parent or Legal Guardian Name   Student Address

Parent (or Legal Guardian) Work Telephone   Parent (or Legal Guardian) Mobile Telephone

☐ Yes (Please provide a copy) ☐ No

Sport Activity   Coach/Instructor   Student currently has medical insurance

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
2. Fractured bones
3. Lacerations, abrasions and avulsions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries
8. Loss of eyesight
9. Death

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by Cabrillo USD for completion of graduation requirements.

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, any participant determined to be in violation of behavior standards 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. Student must provide a copy of medical insurance for verification purposes, if your student does not have medical, accident or dental insurance please refer to our student accident insurance/health insurance letter for more information.

I agree to, and do hereby release and hold Cabrillo USD and its 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.

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

Student Signature   Date

Parent (or Legal Guardian) Signature   Date