

Poway Unified School District

ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY AGREEMENT FOR VOLUNTARY ACTIVITY

- Cocurricular, Extracurricular, Club, ROP, On Campus, Off Campus

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

INSTRUCTIONS: THIS FORM IS INTENDED FOR TRIP PARTICIPANTS SUCH AS STUDENTS, PARENTS AND APPROVED GUESTS.

I, (Parent/Guardian or Guest Full Name) _____, have voluntarily decided to participate

And/Or allow my child, (Student Full Name) _____, to participate in the activity or activities shown below:

Description of activity: _____

Date(s) of activity: _____ Time of Activity: [] [] to [] []

Location: _____

Name of Sponsoring School or Club: _____

If activity is off campus, transportation will be by: [] School Bus [] Charter Bus [] Private Auto [] Walking [] Airline [] Other _____ District policy states that students are not allowed to transport other students to or from activities.

1. Acknowledgement of Voluntary Participation. I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.

2. Assumption of Risk. I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- Concussions, Sprains/strains, Communicable diseases, Fractured bone, Unconsciousness, Head, face, or dental injuries, Loss of eyesight, Paralysis, Disability or death, Drowning, Other: _____

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown, that may arise in connection with the activity.

3. Release From Liability. I, and/or participant, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against Poway Unified School District, its officers, agents, and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child. I also acknowledge that although medication can be provided during the trip, it may not be readily accessible to my child at any given time.

[] Date Signature of Parent or Adult Participant

[] Home Phone Number

[] Date Signature of Student (if over 18 years of age)

[] Work or Cell Number