

Sweetwater Union High School District
**ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY
 AGREEMENT FOR VOLUNTARY ACTIVITY**

- | | | |
|--|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Cocurricular | <input type="checkbox"/> Club | <input type="checkbox"/> On Campus |
| <input type="checkbox"/> Extracurricular | <input type="checkbox"/> ROP | <input type="checkbox"/> 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. Accordingly, I hereby waive all claims, which I may have against Sweetwater Union High School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described below.

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

I, (Participant's Full Name) _____, have voluntarily decided to allow my child/or myself to participate in the activity or activities shown below:

Description of activity: _____

Date(s) of activity: _____ Time of Activity: _____ A.M. P.M. to _____ A.M. P.M.

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 limited to:

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

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 Sweetwater Union High School District, its officers, agents, or 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.

Date	Signature of Parent or Adult Participant	() Home Phone Number
Date	Signature of Student (if over 18 years of age)	() Work or Cell Number