



Santa Barbara Unified School District

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VOLUNTARY ON-CAMPUS ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I, the undersigned, being the parent or legal guardian of _____,
do hereby give my permission for my son/daughter to participate in the Santa Barbara Unified School District

_____ (activity).

I understand and acknowledge that this activity and any related 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 this activity 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 |

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my child's participation in the activity, so that I can make a voluntary choice to allow my child participate or not participate.

I also realize that the activity involved may be strenuous, and that I have the option to seek the advice of a physician before my child participates in this activity.

I understand and acknowledge that my child's participation in this activity is completely voluntary.

I understand and acknowledge that in order to participate in this activity, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I hereby voluntarily waive any claim against the Santa Barbara Unified School District, its officers, agents, servants, or employees from any liability or responsibility for any death or injuries that my child might sustain, which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with said activity, including travel to and from activity locations. Furthermore, it is the responsibility of the parent/guardian to supervise their children during the entire event.

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

Parent/Guardian Signature

Date

Print Parent/Guardian Name