



Santa Barbara Unified School District

720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-963-1916
www.sbsd.k12.org

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the in the Santa Barbara Unified School District's sponsored activity of:

(activity).

I understand and acknowledge that these activities, by their vary nature, may 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 that 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 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the SBUSD for course credit or for completion of graduation requirements.

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 understand, acknowledge, and agree that the Santa Barbara Unified School District, its employees, officers, agent, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction ins aid activity or any activity that is incidental thereto.

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

Emergency contact person and phone #: _____

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the SBUSD before a student will be allowed to participate in the above extra-curricular activities.

Last revised by: BO/AF
10-30-13