

Santa Cruz Valley Unified School District No. 35
School-Sponsored Extracurricular Pre-Season/Post Season
Athletic Activities.

RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

_____ (Student's Name) desires to participate
in _____ (Name of Program) sponsored by the Santa Cruz Valley Unified School District No. 35.

The Santa Cruz Valley Unified School District No. 35, coaches and activity sponsors and all others involved in the administration of this program have pledged to utilize every reasonable precaution to minimize or eliminate the potential for injury by students as a result of athletic participation. Being fully informed as to these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage and liability arising from participation in this activity. I have read this Release of Liability and Assumption of Risk Agreement. In addition, I understand and agree to follow all Santa Cruz Valley Unified School District No. 35 Governing Board Policies and Procedures.

Student's Signature: _____ Date: _____

Print Your Name Here: _____ Grade: _____

I certify that I am the parent/legal guardian of the above-named student; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. I hereby release and hold harmless the Santa Cruz Valley Unified School District No. 35., its Partners in Education, coaches, volunteers, medical personnel, security officers, administrative officials, other employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in, or travelling to and from any practice, game, or special event. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in extracurricular athletic activities sponsored by the Santa Cruz Valley Unified School District No. 35.

Parent/Guardian Name: _____ Signature: _____
(Please Print)

Date: _____ Telephone: Work: _____ Home: _____ Cell: _____

Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes, provide the name of your insurance company and policy number:

Insurance Company: _____ Policy Number: _____

Emergency Contact Information:

If I cannot be contacted and a reasonable effort has been made to do so, I authorize the coaching staff or the Principal and his or her designee to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures including x-ray diagnosis of my child. I assume the responsibility for the payment of any such transfer and treatment.

Preferred Hospital: _____

Person to be contacted if I am not available: _____

Telephone: Work: _____ Home: _____ Cell: _____