



LOMPOC UNIFIED SCHOOL DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the District
sponsored activities of _____.

I understand and acknowledge that these 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 that may result from participating in these activities 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 District for course credit or for completion of graduation requirements.

I understand, acknowledge and agree that the District, its employees, officers, agents, 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 in said 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

Student Signature

Date

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