

ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY  
AGREEMENT FOR VOLUNTARY ACTIVITY

Cocurricular

Extracurricular

Club

ROP

On Campus

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 the Poway Unified 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 OTHER THAN PUSD EMPLOYEES, INCLUDING STUDENTS, PARENTS, AND APPROVED GUESTS.

**STUDENT**

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: MUSICAL PERFORMANCES + SCVA HONOR CHOR

Date(s) of activity: SCHOOL YEAR 2009-2010 Time of Activity:  A.M.  A.M.  
 P.M. to  P.M.

Location: A SEV PHS CHOR CALENDAR 2009-2010

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 be limited to:

- Sprains/strains
- Head, face, or dental injuries
- Other: \_\_\_\_\_
- Communicable diseases
- Loss of eyesight
- Fractured bones
- Paralysis
- Unconsciousness
- Disability or death

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 Poway Unified School District, its officers, agents, and 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

\_\_\_\_\_  
Work or Cell Number

\_\_\_\_\_  
Date Signature of Student (if over 18 years of age)