

Poway Unified School District

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

I (Print Full Name of Student) _____ have voluntarily decided to participate in the activity or activities shown below, and have parental approval to do so:

Name of description of activity, location, and sponsoring school: _____

Date(s) of activity: _____

1. Acknowledgement of Voluntary Participation. I, and/or participant, understand and acknowledge that my participation is NOT required by the School District, and that I voluntarily choose to participate.

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
- Fractured bones
- Unconsciousness
- Head, face, or dental injuries
- Other: _____
- Paralysis
- Loss of eyesight
- Communicable diseases
- 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.

_____ Print Participant Name	_____ Signature of Participant (If under age 18, signature of parent or guardian is required)	_____ Date
_____ Print Parent or Guardian Name	_____ Signature of Parent or Guardian	_____ Date