East Side Union High School District

830 North Capitol Avenue San Jose, CA

95133

(408) 347-5000

CAMPUS ACTIVITY AUTHORIZATION & RELEASE

Submit to school bank

Participant Name: _____ Age: _____ ID#: _____

Address: _____ City: _____ Zip: _____ Phone: _____

has my permission to participate in the activity shown below:

Activity	Rallies, Fantastiks, and powder puff, and various campus activities : ex. (pyramids, musical chairs, and hamster balls ect.)
Date	All school year
Time	Both during and after school
Location	Santa Teresa High School

I am aware that any injury may occur from hazards, including but not limited to, hazards of accidents or illness in places during the event, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting participants to participate in the above activity with the knowledge of the dangers involved and I agree to accept any and all risks. I am aware that there are substantial and serious, known and unknown risks associated with the novel coronavirus and its variants. I expressly release and discharge **ESUHSD, its officers, agents and employees** from any and all damages resulting from injury, illness, psychological injury, hospitalization, quarantine, or involuntary detainment during this event. I acknowledge that the **East Side Union High School District** shall, in the interests of preserving health or safety, exercise its discretion to cancel, reschedule, or postpone any and all activities. I expressly release and discharge the **East Side Union High School District, its officers, agents and employees** from any and all damages that may result from the cancellation, reschedule, or postponement of the event.

Parent/Guardian please initial here:_____

In consideration of Participant's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury or property damages arising from Participant's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury or property damage resulting from Participant's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, _____(**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Telephone No. _____ Address _____

MEDICAL AUTHORIZATION- The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of a child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Parent/Guardian Signature _____ Date _____

Participant's Physician		**Physician's Address**	
Physician's Telephone No.		**Medical Insurance**	
		Subscriber's Name	
		Group Number	
		ID Number	
		Employer's Address	

Please list any allergies or special medical conditions of Student:

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