



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK
CHICO UNIFIED SCHOOL DISTRICT**

Name of Participant	
Description of Camp/Activity	Field Hockey Camp/Season
Date(s)	July 25 - Nov 1st, 2021
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Number(s)	

I authorize the above participant to participate in the described activities shown. 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 participation in these activities is completely voluntary.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

VOLUNTARY PARTICIPATION LIABILITY WAIVER

IN CONSIDERATION FOR BEING PERMITTED BY THE CHICO UNIFIED SCHOOL DISTRICT TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF PARTICIPATION IN SAID ACTIVITY, INCLUDING TRANSPORTATION TO AND FROM CUSD EVENTS. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND A WELLNESS CHECK MAY BE PERFORMED EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, THIS APPLICATION IS BEING SUBMITTED VOLUNTARILY TO PARTICIPATE IN SAID ACTIVITY, INCLUDING TRANSPORTATION TO AND FROM CUSD EVENTS, AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT MAY BE SUSTAINED WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT, I ATTEST WILLINGNESS TO CONDUCT SELF-WELLNESS CHECKS, INCLUDING A BODY TEMPERATURE CHECK EACH DAY OF PARTICIPATION IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICTS AND SIGN IT OF MY OWN FREE WILL.

Student Signature

Date

Parent/Guardian Signature if Participant **under** 18 years old

Date

Student/Adult Signature if Participant over 18 years old

Date