

PARTICIPANT AGREEMENT/PARENTAL CONSENT AND RELEASE TO PARTICIPATE

SOAR- Success, Opportunities, Academics, Recreation (Before and After School Recreational, Enrichment and/or Academic Activities)

PURPOSE: For the 2021-2022 school year, participation in recreational / fitness, enrichment, or activities sponsored by SOAR requiring physical and inherently dangerous activity. Activities included but are not limited to: Ballet Folklorico, Indoor Soccer, Hiking, Mountain Biking, Self Defense, Indoor Sky Diving, Indoor Rock Climbing, Horseback Riding, Skateboarding, and Weights. This includes participation in activities that may be held off campus. All school rules apply while participating in a SOAR activity as well as use of any required safety/personal protective equipment.

Student Name: _____ Age: _____ ID#: _____
School Site: _____

I AGREE TO BE RESPONSIBLE FOR MYSELF: I understand that participation in the above identified activities is voluntary and is not required as part of the regular school program. I am aware that there are risks, dangers and hazards inherent in the above listed activities, and in my preparation for, travel to or from, and participation in related events, as organized, operated and sanctioned by EUHSD and participating vendors. By participating in any of the above listed activities, I am exposed to these risks and hazards and I agree to accept them and be responsible for any injury or other loss for which I might receive while participating.

Some risks, dangers, and hazards are foreseeable, others are not. These risks, dangers and hazards include, but are not limited to:

- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries resulting from falls to the ground due to an even or irregular terrain or surfaces
- Injuries resulting from failure to properly use any piece of equipment
- Injuries from physical contact with other participants or equipment
- Risks associated with travel to or from training or competition locations; and additional risks associated with non-competitive activities, which are often an integral part of competitive events
- Injuries resulting in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and or aspects of the skeletal system and serious injury or impairment to other aspects of the my body and/or well being

I understand that the dangers of the above listed activities may result not only in serious injury, but also in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I also understand that injuries sustained in athletics training or competition may be fatal. Student initial _____ Parent initial _____

Student initial _____ Parent initial _____

PARENTAL CONSENT:

My son / daughter, _____, has permission to participate in any of the above-mentioned activity. I realize there is a possibility that my son / daughter may suffer severe injury, including permanent paralysis or death, because of participation in the above listed activities. I am aware that participating in any of the above listed activities can be dangerous and involve MANY RISKS OF INJURY as noted throughout this document.

In the event of an emergency requiring medical attention, I hereby grant permission to the physician or other medical personnel designated by the school official to attend to my son / daughter. Efforts will be made to reach the emergency contact listed in order to receive specific authorization prior to treatment or hospitalization. Parent initial_____

INSURANCE COVERAGE/SPORTS CLEARANCE: Accident insurance is mandatory for all SOAR physical/athletic activities. If the student is not covered by his or her own private insurance, the school Cashier has information regarding low-cost accident coverage offered by Pacific Educators, Inc. This insurance is not affiliated with the school district; however, the application form and check or money order (NO CASH) must be turned in to the Cashier, with this form.

My son / daughter has Insurance Coverage/Sports Clearance on file at San Pasqual High School effective 2021-2022 school year. Parent Initial_____

We have read the above release. We understand and agree to its terms. We understand that each of the above listed activities may involve many risks of injury including, but not limited to, those risks outlined above.

We agree to release Escondido Union High School District, its respective directors, officers, agents and employees, coaches, volunteers, representatives, and activity holders of all responsibility for such injury, loss, or damage.

We understand that this signed agreement applies to participation in any (one or multiple) of the SOAR activities for the 2021-2022 school year.

Student Signature: _____ Date: _____
Parent Name (print): _____

Parent Signature: _____ Date: _____
Day Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact
(Name/phone): _____

Insurance Carrier: _____ Policy #: _____