



CLUB/ACTIVITY WAIVER

AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: Allegiance STEAM Academy - Thrive

(Student Name: please print)

(Grade)

has my permission to participate in the following extra-curricular activity, sport, club, program, or special class:
Mileage Club

Allegiance STEAM Academy Arellano/Matusik/Lazo
to be held at _____ Supervising Teacher _____

Fridays, 11/17/2023-05/10/2024 7:30-7:45

Days/Months/Times: _____

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extracurricular activities; the privilege may be revoked at any time. The acceptance and inclusion of the student is at the discretion of the School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

Offsite events, such as competitions, games, etc. may be scheduled at alternate locations. ASA is NOT responsible for providing transportation.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), the student will discontinue participation and immediately notify the Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X _____
Authorized Signature of Parent or Guardian

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____



PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.