



ABC Unified School District

Risk Management Department
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate
(Print Student's Name)

in the Adult School class and activities of the _____ class.

I understand and acknowledge that some of the injuries/illness which may result from participation in the above class and activities include, but are not limited to, the following:

Sprains/strains	Paralysis
Fractured bones	Loss of eyesight
Unconsciousness	Death
Head and/or back injuries	Drowning

I understand and acknowledge that enrollment in the class and activities is completely voluntary and my decision alone.

I understand and acknowledge that in order to be enrolled and be part of the class, I agree to assume all liability and responsibility for any and all potential risks which may be associated with participation in such activities. I certify that I have no medical restrictions to participate in this activity fully and my doctor has allowed me to participate.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Print Student's Name

Date

Signature

Date

A signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the District before participation will be allowed in the above extra-curricular/co-curricular activities.