

SPECIAL EVENT
ASSUMPTION OF RISK AND WAIVER OF LIABILITY FORM

Activity: Gator Volleyball Individual Skills and Drills Camp

Date(s): May 29 – June 1, 2018

Location: Green Valley HS

Those desiring to participate in a summer activity should be aware that participation in any physical activity may entail certain risks. Some risks are inherent in any activity where participants run, jump, stretch, use equipment, and come into contact with each other. Injuries can occur from falls, contact with other participants, equipment, the running surface, and/or people and/or equipment on or adjacent to the sidelines, etc. Other risks include the risk of exacerbating pre-existing medical conditions or allergies, whether known or unknown. Risks associated with participation in physical activities include the risk of physical injury (including paralysis and even death), illness, emotional distress, medical and or psychological treatment and related expenses.

Participation in this activity is not mandatory, but each participant in this activity must present evidence of a satisfactory physical by a licensed physician and student accident coverage or equivalent private health insurance.

RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK AND WAIVER

On behalf of _____ (“student”), I agree that I want the above-named student to participate in the summer activity indicated above. I have made this decision after first carefully reviewing and agreeing to the terms of the preceding notice.

I understand that participation in this activity is purely voluntary and I expressly release the District, its employees, agents, insurers, counselors, advisors, volunteers, officials, teachers and administrators from any past or future liability whatsoever for acts or omissions related to the activities, including individual negligence not amounting to gross negligence and transportation to, from and during the activities in connection with this agreement. This assumption of risk is all-inclusive, regardless of the source of injury or loss, or the nature of the act or omission resulting in the injury or loss.

I agree that I am solely responsible for allowing my child to participate in these activities and for any resulting medical related expenses incurred during their participation, regardless of any existing medical conditions or allergies, whether known or unknown. I agree that if my child becomes ill or is injured, CCSD staff has permission to seek immediate medical attention for my child. I will indicate any special medical condition(s) or need(s) below:

Dated this _____ day of _____, 20____.

Parent/Guardian Name (Printed): _____

Student Name (Printed): _____

Parent Signature: _____

Contact Phone Number: _____