



**GILROY UNIFIED SCHOOL DISTRICT  
BUSINESS SERVICES**

7810 Arroyo Circle, Gilroy, California 95020  
Tel. 669-205-4000 fax: 408-846-7561  
www.gilroyunified.org

**SUPERINTENDENT**

Dr. Deborah A. Flores, Ph.D.

**BOARD OF EDUCATION**

Heather Bass ♦ B.C. Doyle ♦ Mark Good ♦ Patricia Midtgaard  
James E. Pace ♦ Linda Piceno ♦ Jaime Rosso

**VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_ to participate in the District-sponsored activities of \_\_\_\_\_

**(1) Assumption of Risk:**

On behalf of student and myself:

We understand that the above-listed voluntary activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used.

**We understand and appreciate the risks that are inherent in the above-listed voluntary activity, include but are not limited to, the following:**

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 6. Paralysis             |
| 2. Fractured bones           | 7. Loss of eyesight      |
| 3. Unconsciousness           | 8. Communicable diseases |
| 4. Concussion                | 9. Death                 |
| 5. Head and/or back injuries |                          |

**We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the above-listed voluntary activity is voluntary and as such is not required by the District for course credit or for completion of graduation requirements.**

**We knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the above-listed voluntary activity.**

**(2) Medical Insurance:**

I understand and acknowledge that in order to participate in this activities, I am required to have my own medical and accident insurance for my son/daughter, and certify that I do have such insurance.

**(3) Hold Harmless, Indemnity and Release:**

On behalf of student and myself, and in consideration of permission for student to participate in the above-listed voluntary activity:

We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Gilroy Unified School District ("District"), its Board members, administrators, officers, agents, employees, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student's participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees.

**We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
Address

**A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.**



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**PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN  
 EXTRACURRICULAR/ATHLETIC ACTIVITY  
 MEDICAL TREATMENT AUTHORIZATION**

To the Principal of: \_\_\_\_\_ (School)

\_\_\_\_\_ has my permission to participate in  
 (Student Name: please print)

\_\_\_\_\_ during the \_\_\_\_\_  
 (Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): \_\_\_\_\_

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

\_\_\_\_\_ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

\_\_\_\_\_ Student has a special need, and instructions are attached. Number of attached pages: \_\_\_\_\_.

\_\_\_\_\_ Other: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 (e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____	_____	Work: ( ) _____
(Name)	(Relationship)	Home: ( ) _____
		Cell: ( ) _____

_____	_____	_____
<b>Signature of Parent/Guardian</b>	<b>Please Print Name</b>	<b>Date</b>

_____	_____	_____
<b>Signature of Student</b>	<b>Please Print Name</b>	<b>Date</b>