



Vista High School Panthers After Hours

Before and After-School Activities Program (B/ASAP) Enrollment Form and General Release

Student's Last Name _____ First Name _____ Middle Name _____

Grade _____ Date of Birth _____ Student ID Number _____

The Vista Unified School District After-School Activities Program provides **VOLUNTARY** youth oriented activities. These activities include homework assistance, student leadership development, life skills training, career awareness, sports, recreation, off-site field trips, community service and performing/visual arts.

Release and Waiver for B/ASAP Students

I, the undersigned parent/person represent that I have legal custody/guardianship of the above said student a minor and am able to give permission for the Student to participate in the B/ASAP described above. I acknowledge that these activities may be an extreme test of Student's physical and mental limits and that it result in death injury, property loss or other damage of person or property. Risks may derive from terrain, facilities, water condition, weather condition, equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. The Student is physically able and mentally prepared to participate in all activities as described in the student survey. Subject of physical restrictions listed below, if any, I certify that the Student is physically fit, has sufficiently trained for participation in the described activities or other similar activities and has been advised otherwise by a qualified medical person.

I hereby voluntarily and knowingly assume all risks and danger's inherent and incidental to the Student's involvement in the activities of B/ASAP. On behalf of myself and Student, and our respective executors, administrators, heirs successors and agents, I hereby (A)WAIVE, RELEASE AND DISCHARGE the Vista Unified School District, B/ASAP and their directors, officers, employees, volunteers, from all LIABILITY arising out of or in connection with the Student's participation in any or all of the above described activities, and any and all liabilities associated with any and all liabilities associated with an and all claims for the death, injury, or property loss or damage of the Student or actions of any kind which may accrue to the Student or me as a result of the Student's participation in any B/ASAP activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of the Student's actions during and B/ASAP activity except those claims arising from the sole negligent or willful conduct of Vista Unified School District or its agents.

Parent/Guardian Initials: _____

Medical Treatment

I hereby authorize the B/ASAP as agents for the undersigned, to consent, with respect to the Student, to any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to rendered under general or special supervision of , any physician and surgeon licensed under provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of a physician or hospital. I understand that the Vista Unified School District and B/ASAP are not responsible for costs incurred for medical care

Parent/Guardian Initials: _____

Physical Restrictions

The student has the following physical restrictions:

This document shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law. I certify that I am the parent or guardian of the above named participant and agree to hold each of the above named individuals and entities harmless and indemnify each in the event of loss whatsoever due to a defect in my legal capacity. The Student and I understand the B/ASAP Enrollment Form and General Release, including the waiver of liability and authorization of consent to transport and treat a minor, the photographic release and confidentiality policy and agree to participate under it.

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____