# INFORMED CONSENT FORM RE:

- **INFLATABLE RIDES AND GAMES**
- **CLUBS AND ACTIVITIES BASED ON A SPORT, DANCE OR EXERCISE ACTIVITY**
- **FOR A PROJECT THAT REQUIRES USE OF TOOLS**

*Student Name:* _____ *Birth Date:* _____

*School:* _____ *Grade:* _____

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the advisor and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that the use of inflatable rides and games, clubs and activities based on a sport, dance or exercise activity and projects that requires use of gardening or shop tools involves certain inherent risks, danger and hazards associated with participation, which include but are not limited to: muscular strains; bruises, scratches; scrapes; broken bones; dislocations; sprains; head injuries; concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; fractures; and which may also include other serious bodily injuries necessitating long term care and significantly impairing enjoyment of life or life activities. An inherent risk, danger and hazard associated with participation could even be death.

(Parent Initial) _____

We accept and understand that certain activities such as tumbling and stunting carry with them a greater risk of injury.

(Parent Initial) _____

We understand that the inherent risks of activity/club cannot be eliminated without jeopardizing the essential qualities of the activity/club. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity/club.

(Parent Initial) _____

We certify that (Student Name) _____has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.
(Parent Initial) _____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.
(Parent Initial)_____

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.
(Parent Initial) _____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.
(Parent Initial)_____

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT PROGRAM(S). BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE ABOVE AND HAVE REVIEWED THE CONTENT WITH MY STUDENT, AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

_____ _____ _____
Parent/guardian name (please print) Parent/guardian signature Date