

**Activity or Event
Assumption of Risk Form
(Adult Participation)**

Name of Participant (Please print)

Address

School/Local Educational Agency

Activity or Event Teacher/Advisor (Staff)

Voluntary Activity or Event at School (Adult Participation)

- ☐ school-related athletics or events
- ☐ school-related club activities or events
- ☐ school-related cultural activities or events
- ☐ school-related performing arts activities or events
- ☐ school-related social activities or events
- ☐ School-related community activities or events
- ☐ Other: _____

I understand and acknowledge that participation in voluntary activities and events at school, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such voluntary activities or events.

Participation in this voluntary activity or event at school, by its very nature, may pose some inherent risk of a participant being seriously injured, before, during, and/or after the activity or event, including transportation to and from the activity or event whether provided by the local educational agency (LEA) or not. These injuries may include, but are not limited to, the following:

- | | |
|--|-------------------------------------|
| 1. Sprains and strains | 7. Loss of eyesight |
| 2. Fractured bones | 8. Head injuries or concussion |
| 3. Lacerations, abrasions, and avulsions | 9. Heat illness |
| 4. Unconsciousness | 10. Sudden cardiac arrest |
| 5. Paralysis | 11. Death |
| 6. Disfigurement | 12. Exposure to infectious diseases |

I understand and acknowledge that participation in voluntary activities or events at school is completely elective and voluntary.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the voluntary activity or event at school. As such, any participant determined to be in violation of safety requirements, behavior standards or other prohibited conduct may be removed from this voluntary activity or event.

I understand and acknowledge that in order to participate in these activities or events at school, I agree to assume liability and responsibility for any and all risks that may be associated with participation in voluntary activities or events.

I hereby certify that I am in good physical health and capable of participating in strenuous physical activities. I acknowledge that I understand the physical demands of participation in voluntary activities or events at school and confirm that I am able to safely engage in such activities or events without risk to my health.

I agree to, and do hereby release and hold the LEA/School and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the voluntary activity or event at school, including programs or procedures of the LEA/school for students and participation in such activities or events.

I acknowledge that I have carefully read this “Activity or Event, Assumption of Risk Form” and that I understand and agree to its terms.

Signature

Date

Primary telephone

Alternate telephone