

**VOLUNTARY ACTIVITIES PARTICIPATION FORM**

**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

\_\_\_\_\_ wishes to participate in the District-sponsored activities of Denair Unified School District.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include but are not limited to, the following:

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

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this Voluntary Activities Participation Form and that I understand and agree to its terms.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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/co-curricular activities.

**DENAIR UNIFIED SCHOOL DISTRICT  
STUDENT ACCIDENT INSURANCE WAIVER FORM**

I understand that the Denair Unified School District does not provide medical or dental insurance for school related injuries.

I understand that a low cost insurance plan is available. I have chosen not to provide insurance coverage for my child through the plan offered by the school district. I have insurance coverage for my child with:

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Student \_\_\_\_\_

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

\_\_\_\_\_  
Date