

Shasta County Office of Education
VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Shasta County Office of Education (SCOE) sponsored activity _____

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 participation in these activities is completely voluntary.

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

I understand, acknowledge, and agree that the **Shasta County Office of Education**, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by my son/daughter 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.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Medical Insurance Carrier _____
Policy No. _____
Address: _____

Parent/Guardian Date

Student Signature Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Shasta County Office of Education before a student will be allowed to participate in the activity or class.