Athletics / Sports
Voluntary Activities Participation
Acknowedgment and Assumption of Potential Risk

I authorize my child, ________________________________________________________ to participate in the Trinity Alps Unified School District (TAUSD) sponsored activities in interscholastic and intramural athletics.

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 TAUSD for course credit or completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my child 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 TAUSD, its elected or appointed officials, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my child 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.

Parent/Guardian Signature:__________________________________________ Date:__________________

Student Signature:__________________________________________________ Date:__________________

Jaime Green - Superintendent          Cindy Blanchard - Director of Business Services

Weaverville Elementary School ● Trinity High School

Revised 5/22/2019