



Athletics / Sports

Voluntary Activities Participation

Acknowledgment 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