



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, _____ to participate in the Trinity Alps Unified School District (**please list which sport**) _____ camp being held at (**please circle one**) Trinity High School/Weaverville Elementary School during the following date(s) _____.

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 Trinity Alps Unified School District, 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 Number _____

Address _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Trinity Alps Unified School District before a student will be allowed to participate in the above sports camp.

The Trinity Alps Unified School District is an equal opportunity employer and does not discriminate on the basis of sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. (Title VI, Title IX, and Section 504 Vocational Rehabilitation)

Tom Barnett - Superintendent

Cindy Blanchard - Director of Business Services