



**ATHLETICS / SPORTS  
VOLUNTARY ACTIVITIES PARTICIPATION  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_ to participate in the Trinity Alps Unified School District (TAUSD) sponsored activities of 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 for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter 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 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.

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

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

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**

Weaverville Elementary School • Trinity Preparatory Academy • Cox Bar Elementary School  
Alps View High School • Trinity River Community Day School • Trinity High School