



**INFORMED CONSENT AND ACKNOWLEDGMENT FOR ATHLETIC ACTIVITIES**

The undersigned has read and understands the material contained in this form and hereby authorizes \_\_\_\_\_ to participate in **volleyball, cross country, basketball and track activities.**

By their very nature, athletic activities can put students in situations in which **SERIOUS, CATASTROPHIC** and perhaps **FATAL** injuries may occur. These injuries could include, but are not limited to the following:

- |                        |                         |
|------------------------|-------------------------|
| <b>Sprains/strains</b> | <b>Disfigurement</b>    |
| <b>Fractures</b>       | <b>Head injuries</b>    |
| <b>Cuts/abrasions</b>  | <b>Loss of eyesight</b> |
| <b>Unconsciousness</b> | <b>Death</b>            |
| <b>Paralysis</b>       |                         |

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will eliminate all risk of injury. By granting permission for your son/daughter to participate in athletic activities, you, the parent/legal guardian, acknowledge that such risk exists.

All participants in this activity should understand that participation is voluntary and is not required by the school.

The undersigned has read and hereby agrees to hold **Redwood Preparatory Charter School**, its employees, agents, volunteers and/or sponsors and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of facilities, equipment and participation by my son/daughter in the above named athletic activity, to the fullest extent of the law.

Please list any medical conditions, allergies, or any other limiting factors:

\_\_\_\_\_

\_\_\_\_\_

Health insurance/MEDI-CAL per Education Code 32220-32224: \_\_\_\_\_

Plan name and number: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgment of the attending physicians or dentists. I acknowledge that I have carefully read this Voluntary Athletic Activity Form and that I understand and agree to its terms.

<b>Parent/Legal Guardian (Print Name)</b>	<b>Parent/Legal Guardian (signature)</b>	<b>Date</b>
<b>Student (Print Name)</b>	<b>Student (signature)</b>	<b>Date</b>