

REDLANDS UNIFIED SCHOOL DISTRICT
CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, RELEASE,
ASSUME RISK, HOLD HARMLESS AND OBEY RULES AND INSTRUCTIONS

Name of School: _____

Date: _____

Athletic/Sport Activity: _____

Participation in the above athletic/sport activity **IS VOLUNTARY** and **IS NOT REQUIRED** as a part of the regular school program. Consent is hereby given for student _____ to participate in the above athletic/sport activity.

I am aware that participating, playing, practicing to play or preparing to practice/play in any athletic/sport activity can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my (or my student's) body, general health and well-being. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity may result not only in serious injury, but in a serious impairment of my (or my student's) future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I especially acknowledge that baseball, softball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

In the event of an accident or sudden illness, Redlands Unified School District has permission to render whatever emergency medical treatment may be deemed necessary for the above named student. I will assume the cost of ambulance service in the case of an emergency and understand that the district does not pay for ambulance service. I further understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with his/her team anytime a student is seen by such personnel.

Because of the dangers of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity, I (or on behalf of my student) recognize the importance of following coaches' instructions regarding playing techniques, training and game and other team rules and agree to obey such instructions/rules. It is also recognized that attendance and academic performance are essential for student success. This success provides the eligibility for participation in the above athletic/sport activity. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT.** Appointments on game days must follow the attendance policy as stated in the student handbook.

Transportation to and from most athletic contests will be provided by Redlands Unified School District. It is never permissible for students to transport other students to athletic contests. Students are expected to use this transportation as a representative of their school. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the school office.

In consideration of the Redlands Unified School District permitting me (or my student) to try out for the above athletic/sport activity at the above school and to **ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM**, including, but not limited to, trying out, preparing for, transporting to or from, practicing for, playing or otherwise participating in the above athletic/sport activity, **I (OR ON BEHALF OF MY STUDENT) HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION AND AGREE TO WAIVE LIABILITY AND HOLD THE REDLANDS UNIFIED SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND ALL VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH MY (OR MY STUDENT'S) PARTICIPATION IN ANY ACTIVITIES RELATED TO THE TEAM.** The terms hereof shall serve as a **RELEASE** and **ASSUMPTION OF RISK** for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTANDS IT.

Parent/Guardian Signature_____
Parent/Guardian Signature_____
Student Signature_____
Health Insurance/Student Accident Insurance Carrier*_____
Policy Number

*If you do not have accident insurance, the district provides forms for you to obtain insurance as required by law. The forms are available at the school office. Insurance must be maintained at all times. Notify the athletic director of cancellation/change in policy.