NON-STUDENT VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I ____________________, agree for my child ____________________, to participate in the District sponsored activity of Hip Hop Dance Workshop.

I understand and acknowledge that this activity, by their very nature, may pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains  
2. Fractured bones  
3. Unconsciousness  
4. Head and/or back injuries  
5. Paralysis  
6. Loss of eyesight  
7. Communicable diseases  
8. Death

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in this activity 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 District, its employees, officers, agent or volunteers shall not be liable and I hereby waive, release, and discharge from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by me arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

I acknowledge that I have carefully read this NON-STUDENT VOLUNTARY ACTIVITIES PARTICIPATION FORM and I understand and agree to its terms.

_________________________________________________________________________________________________________

Signature Date

IN CASE OF EMERGENCY

_________________________________________________________________________________________________________

Father’s Name Mother’s Name

Signature of Parent/Guardian Date Address Phone#

Signature of Student Date Father’s # Mother’s #

_________________________________________________________________________________________________________

Parents’ Health Insurance Company Policy Number

If Parents Can Not Be Reached, Please Provide A Name And Number Of An Emergency Contact

_________________________________________________________________________________________________________

Name Relationship to Participant Number