EXTRACURRICULAR ACTIVITIES

STUDENT PARTICIPATION

CONSENT AND WAIVER-RELEASE FORM

In giving my permission for my Student to participate in the Activity (identified below), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my Student arising in any way whatsoever as a result of engaging in the Activity or any incidental activities wherever or however the same may occur and from whatever period said activities may continue.

I understand that my Student has been advised of all safety rules pertaining to the Activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the Activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I acknowledge that participants will engage in various physical and practical training, competitive athletics, or interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know and appreciate that these and other risks are inherent to the Activity in which my Student will engage and/or to the environment where interactions will occur.

If they are sued by a third party, I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought against them as a result of my Student’s participation in the Activity indicated. I further agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is found not to be valid, I agree that the remaining provisions shall continue in full legal force and effect.

Those signing below also knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to the Student arising in any way whatsoever as a result of engaging in the Activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.
I have read this wavier of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I am signing this document freely and voluntarily, and by my signature below am completely releasing liability to the greatest extent allowed by law.

Student Name: ___________________________  Activity: ___________________________

Student Signature: ___________________________  Date: ___________________________

Parent/Guardian Name: ___________________________  Relationship to Student: _____________

Parent/Guardian Signature: ___________________________  Date: ___________________________

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature ___________________________  Date ___________________________