VOLUNTARY ACTIVITIES PARTICIPATION
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize _____

(list all minors in your care, participating in activities during the 2019-20 school year)

to participate in Cascade Public Schools District 3 & B sponsored activities of

._____

(list all activities the above minor(s) will be participating in during the 2019-20 school year)

I understand and acknowledge that these activities, by their very nature, pose a potential risk of serious injury/illness to individuals who participate in such activities (for instance, athletics, inter- murals, student club and extra-curricular activities, etc.).

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

2. Fractured Bones

3. Unconsiousness

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 and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my minor/son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I further understand and acknowledge that my son/daughter must be covered by private medical insurance and/or student accident insurance to participate in this activity.

I understand, acknowledge, and agree that the Cascade Public Schools District 3 & B, its Board, officers, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter that 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 Assumption of Risk and that I understand and agree to its terms.

_____   _____

Parent/Guardian   Date

_____   _____

Student Signature   Date