



Sulphur Springs Union School District

Serving Grades - K – 6



27000 Weyerhaeuser Way, Santa Clarita, CA 91351 661-252-5131 www.sssd.k12.ca.us

Canyon Springs Community School
Leona Cox Community School
Pinetree Community School

Fair Oaks Ranch Community School
Mint Canyon Community School
Sulphur Springs Community School

Golden Oak Community School
Mitchell Community School
Valley View Community School

Voluntary Activities Participation Form Acknowledgement and Assumption of Potential Risk

I authorize my son/daughter, _____ to participate in the District-sponsored activities of _____.

I understand and acknowledge that these activities are hazardous recreational activities and thus poses the potential risk of serious injury/illness to individuals who participate in such activities.

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, my son/daughter and 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 Sulphur Springs Union School District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions, or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none, please write none.

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

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.