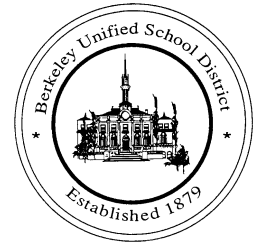


Berkeley Unified School District



Office of Risk Management & Health Benefits

2134 Martin Luther King Jr. Way, Berkeley, California 94704-1180

(510) 644-6049 Fax: (510) 644-8881 www.berkeley.k12.ca.us

ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY SPORTS PROGRAM;

WAIVER, RELEASE and INDEMNITY AGREEMENT; and MEDICAL TREATMENT AUTHORIZATION

NAME of PARTICIPANT:	
DESCRIPTION of ACTIVITY:	
DATE(s) of PARTICIPATION:	

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I understand that this activity is a **voluntary** part of the Berkeley Unified School District's ("District's") sports program.

I understand that this activity can cause serious illness, injury and/or death, and I assume all risks associated with the activity.

I am aware of the transportation arrangements for this activity and acknowledge that if the District does not provide transportation for any related event, the parents or guardians of the participating student have sole responsibility for transportation arrangements.

I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity, or

activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue.

The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself or for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise.

I have read and understand the foregoing, and have voluntarily signed this agreement .

I am aware of the potential risks involved with this activity and I am fully aware of the legal consequences of signing this agreement.

Health or Other Special Needs: (initial one, as appropriate)

	Participant has no special health needs that staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages _____
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist, performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Phone