



Athletic Event and Activity
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

_____ has my permission to participate in the athletic camp, clinic, or activity.

All Peoria Unified programs emphasize safety regarding student athletes. Students will be instructed on safe practices as appropriate for the event or activity. All safety measures **are required** to be followed by all participants at all times.

Students will be engaged in dynamic physical activities as they participate. There is always the possibility of injury during the activities.

Students and coaches are expected to adhere to all rules and regulations as stated by the camp or clinic staff.

In the event of an accident, the athletic trainer will be contacted and emergency protocols will be followed. If you do not have health insurance, we *highly* recommend that you purchase medical coverage for your child/ward. Student accident insurance is offered through a 3rd party vendor which is assessable at: www.studentinsurance-kk.com. Students and parents are responsible for their own medical and accident insurance. Transportation to and from the site of the activity is the responsibility of the student. Transportation arrangements must meet with the approval of parents and school administration. Parents and coaches will assume responsibility for the conduct and safety of the student from the time of arriving at the athletic event until its completion.

Students not adhering to required rules and procedures are a safety risk. Failure to comply with all procedures and/or policies in a safe manner may result in removal from the camp or activity.

I have carefully read this agreement and fully understand the risks, and I hereby agree to allow my child/ward to participate in this activity. In exchange for benefits derived by my child/ward's participation in this activity, I hereby agree, to the fullest extent permitted by law, to hold harmless the Peoria Unified School District, its officers, employees, or volunteers from and against any claims, damages or liability for injury, death or damage to personal property arising out of, or in connection with my child/ward's participation in this course.

Signature (mother/guardian) DATE

Signature (father/guardian) DATE

Print name

Print Name

Contact Phone Number

Contact Phone Number

Student Signature DATE

Print Name