VENTURA UNIFIED SCHOOL DISTRICT VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY INFORMED CONSENT AND LIABILITY RELEASE ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

	M F		
Student name	Sex		Birth date
Parent or legal guardian (Please print)	Student a	address	
School	Sport/Activity		Coach/Instructor
•	sport/athletic activities, b	y their	e indicated sport/athletic event or activity. very nature, pose the potential risk of serious rt/athletic events or activities.
This sport/athletic event or activit injured. These injuries could include			e inherent risk of a participant being seriously ollowing:
 Sprains and strains Fractured bones Lacerations, abrasions, and Unconsciousness Paralysis 	l avulsions	7. 8.	Disfigurement Head injuries Loss of eyesight Death
voluntary and as such is not reqrequirements. I also understan	uired by the Ventura Und that, if I do not co	nified a	events or activities is completely elective and School District for completion of graduation to my son's/daughter's participation in the we course of study, in which he/she may work
safety in the sport/athletic event	or activity. To the exter	nt perm	ules and requirements governing conduct and nitted by the Education Code, any participant ed from this sport/athletic event or activity.
			ese activities, I and my son/daughter agree to s that may be associated with participation in
employees and/or volunteers hard	nless for any and all cla luding bodily injury or c	ims; d	ried School District and its officers, agents emands; causes of action; liability; damages because of or arising out of acts or omissions
			Athletic Event or Activity, Informed Consenial Risk" form and that I understand and agree
Signature (Student)	Date		
Signature (Parent or legal guardian)	Date		

Work telephone

Mobile telephone or pager

Home telephone

6/14/2012