



ABC Unified School District

Risk Management Department
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate in the Non-District-sponsored
activity of: Leal Elementary Arts Program: Festival of the World

I understand and acknowledge that some of the injuries/illness which may result from participation in these activities include, **but are not limited to**, the following:

- | | |
|-----------------|------------------|
| Sprains/strains | Paralysis |
| Fractured bones | Loss of eyesight |
| Unconsciousness | Drowning |
| Head injuries | Heat Stroke |
| Back injuries | Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I also understand that the District is not responsible for any lost or damaged personal belongings of my child during this activity.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which 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** and that I understand and agree to its terms.

Student Name Date

Parent/Guardian Print Name and Sign Date

Address Phone

A signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the District before a student will be allowed to participate in the above activity.

Student Grade: _____ Teacher: _____



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HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The undersigned agrees to defend, indemnify and hold harmless the ABC Unified School District, its Board of Trustees, officers, agents, and employees, individually and collectively from and against every claim or demands, liability, losses, damages, legal and investigation expenses, arising from personal or bodily injuries, property damage or otherwise brought or recovered against any of the above that may be caused or to be alleged to be caused by (description of activity):

Leal Elementary Arts Program: Festival of the World

The Undersigned further agrees to certify that he/she has medical insurance coverage for himself/herself.

Signature

Print Name

Check one:

_____ Volunteer

_____ Chaperone

Date

For ABC Unified School District

Date

Student Name: _____

Grade: _____ Teacher: _____