OPEN GYM PERMISSION AND HOLD HARMLESS - STUDENT

VOLUNTARY PARTICIPATION

(Name of Student) _____has my permission to participate in the following voluntary extra-curricular activities held during the open gym at _____

Basketball Volleyball _____ _____

ACKNOWLEDGEMENT: I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for completion of graduation requirements. I also understand and acknowledge that my child must meet the minimum student behavior and performance requirements of the _____ School District in order to participate in the open gym..

I also understand and acknowledge that participation in the above gym activities, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities including, but not limited to the following:

Sprains/strains	Head and/or back injuries	Fractured bones	Paralysis
Cuts/abrasions	Loss of eyesight	Unconsciousness	Death

HOLD HARMLESS AGREEMENT:

I UNDERSTAND, ACKNOWLEDGE AND AGREE TO HOLD HARMLESS THE _____SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL COSTS, LOSSES, CLAIMS, DEMANDS, SUITS, ACTIONS, PAYMENTS AND JUDGMENTS, INCLUDING LEGAL AND ATTORNEY FEES, ARISING FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE, HOWEVER CAUSED, BROUGHT OR RECOVERED AGAINST ANY OF THE ABOVE THAT MAY ARISE FOR ANY REASON FROM OR DURING OR BE ALLEGED TO BE CAUSED BY THE ABOVE STUDENT'S PARTICIPATION IN THE ABOVE ATHLETIC EXTRA-CURRICULAR ATHLETIC ACTIVITIES

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and all adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.
RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion.

MEDICAL TREATMENT:
Health or special needs: Check as appropriate and attach instructions if applicable.

- ☐ My student has no special health needs the staff should be aware of, and no medication is required during the activity.
- ☐ My student has a special need, and instructions are attached. Number of attached pages: _____.
- ☐ My student has the following allergies: _____
- ☐ Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for my child in the best judgment of the attending physician.

I acknowledge that I have carefully read this Permission/ Hold Harmless form and that I understand and agree to its terms.

_____ _____
Parent/Legal Guardian Signature Date

Emergency Contact Information: Name: _____ Phone: _____

Name: _____ Phone: _____