MANTECA UNIFIED SCHOOLDISTRICT

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC AND/OR EXTRA CURRICULAR ACTIVITIES PARTICIPATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below.

Completion of this release is a prerequisite to participation in any interscholastic athletic and/or extra-curricular activity. This release essentially says that my son/daughter_____(name of student) is physically fit and is going to voluntarily participate in a high school interscholastic athletic and/or extra-curricular activity. We know and fully understand that any interscholastic athletic and/or extra-curricular activity involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even suffer a fatal injury. If he/she is hurt, injured or suffers a fatal injury, we (i.e., the student, parents and heirs) will not make a claim against or sue the Manteca Unified School District (hereinafter MUSD), its trustees, officers, employees and agents, or expect them to be responsible or pay for any damages.

In consideration for MUSD allowing the student to participate in this interscholastic athletic and/or extra-curricular activity, we voluntarily agree to release, waive, discharge and hold harmless MUSD and their trustees, officers, employees and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the students illness, injury, death and damages of any nature in any way connected with student's participation in this activity.

INJURY WARNING AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND TO BE TREATED IN CASE OF INJURY

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURENCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems/injuries to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. In the case of injury, the head coach of the involved sport is responsible to see that a complete and accurate accident report be filled out and filed with the athletic secretary. No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the physician in charge.

The parents/guardians of the above athlete hereby acknowledge and understand that the Manteca Unified School District may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in interscholastic athletics in the Manteca Unified School District and give permission for my child to ride as a passenger in a vehicle driven by another parent. It is fully understood that M.U.S.D. is in no way responsible, nor does the district assume liability for any injuries, property damage or wrongful death resulting from this non-district transportation of form participation in the activity itself. I understand that the Manteca Unified School District will not be held liable for medical services, hospital services of accident insurance. In case my son/daughter is injured, school district personnel are authorized to have him/her treated.

NOTE: Students are not to engage in any practices or games until all parts of this form are completed/met and turned in to the administration front office.

WE, THE UNDERSIGNED HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISK INHERENT IN THIS INTERSCHOLASTIC ATHLETIC AND/OR EXTRA CURRICULAR ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS.

(Mother/Father/Guardian Signature)	(Student Signature)	(Date)

May 2018

Concussion Information Sheet

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

(Mother/Father/Guardian Signature)	(Student Signature)	(Date)

Sudden Cardiac Arrest

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

(Mother/Father/Guardian Signature)	(Student Signature)	(Date)

PHYSICAL IS NOT VALID WITHOUT SIGNATURES ON THIS FORM*

Updated 5/25/2018 mj