INTER-CURRICULAR ACTIVITY
INFORMED CONSENT AND LIABILITY RELEASE
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Student name	M F Sex	Birth date
Parent or legal guardian (Please print)	Student address	
Santa Paula High School	Agriculture Program/FFA	
School	Sport/Activity	Coach/Instructor

I authorize my son/daughter, named above, to participate in the indicated extra-curricular activity. I understand and acknowledge that extra-curricular activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such extra-curricular activities.

This extra-curricular activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

1. Sprains and strains
2. Fractured bones
3. Lacerations, abrasions, and avulsions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries
8. Loss of eyesight
9. Death

I understand and acknowledge that participation in extra-curricular activities is completely elective and voluntary.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the extra-curricular activity. Any participant determined to be in violation of rules and requirements governing conduct and safety may be removed from this extra-curricular activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in extra-curricular activities.

I agree to, and do hereby release and hold the Santa Paula Unified School District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the extra-curricular activity.

I acknowledge that I have carefully read this "Extra-Curricular Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

Signature (Student)	Date
Signature (Parent or legal guardian)	Date

Home telephone	Work telephone	Mobile telephone or pager