



VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Acknowledgement of Potential Risk

I, _____ will participate in the
District-sponsored activities _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Volunteer Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student or employee will be allowed to participate in the above extra-curricular activities.

This information on the Risk Advisor website is intended to assist Keenan clients in identifying and reducing certain loss exposures. It is not possible for us to identify all potential sources of liability or to offer a fail-safe mechanism for dealing with them. Keenan offers no guarantee that clients will recognize any financial savings or improved loss experience as a result of the information and suggestions presented here.