



ALL PURPOSE AGREEMENT FOR PARTICIPATION

[Special Name of Event]

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

The signed original of this Agreement must be delivered to [Name or Title] before a Participant will be allowed to attend or participate in the Event defined below.

Participant:	Address:
Grade:	DOB:
Telephone:	
Emergency Contact (Name(s) and Telephone Nos.):	
Physician's Name:	
Physician's Address & Phone:	
Medical Conditions/Medications:	
Medical Insurance/Medical ID Number:	

By signing this Agreement for Participation, the Participant and the Participant's Parent/Legal Guardian ("Adult") agree:

1. The _____ School District ("District") is sponsoring a _____ **Name of Event** _____ ("Event"), on _____ **Date(s)** _____, during which Participants will participate in _____ **Generally describe activities, including off-campus activities** _____ ("Activities"). Participants in the Event include individuals **Set Age or Grade Criteria** _____, who have been approved for participation by _____ [coach/teacher/district/supervisor].

2. The Participant and the Adult understand the nature of the Event and Activities including the inherent or potential risks of personal injury, harm, death, or loss or damage to property that may be caused in some manner from the participation in one or more of the Activities, including transportation to and from such activities. Regardless of the actual or potential cause of any injury, harm, death, or loss or damage to property, to the fullest extent allowed by law, all such risks are deemed to be inherent in the Activities and fully assumed by the Participant and Adult. In consideration of the right to participate in the Event and Activities, the Participant and Adult also understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against the District (including its employees and agents) arising from their participation in the Event or its Activities. As may be needed, the Adult is encouraged to obtain and/or maintain insurance coverage protecting against the costs of any medical costs or other expenses that may be incurred in the case of harm or injury to the Participant.

3. The Event will be supervised by _____ **describe by title/role the supervisors** ("Supervisors"). The Participant shall comply with all instructions and directions of Supervisors, as well as the District's Codes of Conduct with which each Participant and Adult must familiarize themselves before the first day of the Event. The Participant will also conduct himself/herself in keeping with the highest moral and ethical standards in order to reflect positively on himself/herself and the Event. Failure to meet these obligations may, in the discretion of the District, or in the discretion of a Supervisor, result in immediate removal from the Event or one or more of its Activities, with a parent or guardian obligated to immediately pick up the Participant from the Event or Activity site. Should a violation of these obligations also result in bodily injury or property damage, the Adult or another parent/legal guardian will (a) pay to restore or replace any property damaged as a result of the Participant's violation, (b) pay any bodily injury damages to an harmed or injured individual, and (c) defend, protect, and hold the District, its employees, and agents harmless from such property damage or bodily injury claims.

4. If the Participant believes that an unsafe condition or circumstance exists at the Event or an Activity, or a parent or guardian develops such a belief, the Participant will immediately discontinue participation in Event/Activity and the Participant, parent, and/or guardian will promptly notify a Supervisor of the safety concern. Until the safety concern is resolved to the

Participant's and the Participant's parent's/guardian's satisfaction, the Participant shall not resume participation in the Event/Activity.

5. The Medical Conditions/Medications/Emergency contact information above is current and accurate. The Participant is in sufficiently good health and physical condition to participate in the Activities. If an injury or medical emergency occurs during the Event, the District and the Supervisors have express permission and authority to administer or to authorize the administration of urgent or emergency care, including the transportation of the Participant to an urgent care or emergency care provider. In such circumstances, notice to the Adult and/or Emergency Contact may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care will be the Participant's parents' and/or guardian's sole responsibility.

6. District employees, Participants, parents/guardians, or other parties may photograph or videotape the Activities. Such photographs or videotapes may be published or reproduced in a manner showing the Participant's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, websites, television, motion pictures, films, newspapers, yearbooks, and magazines. I hereby authorize and consent to such activities, without compensation, and without limitation.

7. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes of these agreements and understandings, and shall not be construed against the District as the drafter of the Agreement. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No modification of this Agreement, oral or in writing, is permitted by any party or person. This Agreement will be rejected, and the Participant will be unable to participate in the Event, if any language is removed, modified, or added. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Participant in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

As the Adult signing below: (1) I am giving up substantial actual or potential rights in order to allow the Participant to participate in the Event and the Activities; (2) I have signed this agreement without any inducement or assurance of any nature," and with full appreciation of the risks inherent in Activities; (5) I have no question regarding the scope or intent of this agreement; (6) I, as a parent or legal guardian, have the right and authority to enter into this agreement, and to bind myself, the Participant, and any and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this agreement; (7) I have explained this agreement to the Participant, who understands his/her obligations.

Printed Name of Parent/Guardian

Signature

Date

As the Participant, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Participant

Signature

Date