

**Anchorage School District**  
**2017-18 MIDDLE SCHOOL**  
**ACTIVITY PARTICIPATION FORM**

**A new form is required for each activity. Complete the following:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	M/F	GRADE	BIRTH DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>SPORT OR ACTIVITY</b>	CURRENT MIDDLE SCHOOL	ATTENDED OTHER MIDDLE SCHOOLS?		ASD STUDENT ID #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PARENT/GUARDIAN NAME	WORK PHONE #	EMERGENCY CONTACT #	CELL PHONE #		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement**

**This agreement affects your legal rights and responsibilities. Please read it carefully before you sign it. Please consult an attorney if you have any questions about anything contained in this agreement.**

In consideration for the opportunity to participate in ASD activities, it is the purpose of this agreement to waive claims and release the Anchorage School District and others from all liability for personal injury, property damage, and wrongful death, including if caused by the Anchorage School District or other persons. Parties released under this agreement include the Anchorage School District, its board members, administrators, teachers, coaches, employees, agents, and insurers, as well as all other persons or entities acting in any capacity on the District's behalf (together referred to as the "ASD").

**Parent/Guardian please review and initial each paragraph:**

\_\_\_\_ I have read the ASD and/or site activity guidelines and understand their contents. I have read and understand the eligibility requirements and code of conduct for the activity in which the student will participate, including training rules required of students participating in ASD activities. I understand the coach may add specific rules and regulations for the activity that he/she supervises. I understand and recognize the importance of the participant following the ASD's rules and the coach's instructions regarding playing techniques, training, and other team rules.

\_\_\_\_ I understand that the coaches and other employees seek safety, but are not infallible. Possible errors include, but are not limited to, being ignorant of a participant's abilities, failing to give adequate warnings or instructions and negligence generally associated with the activity.

\_\_\_\_ I understand that all extra-curricular activities have a certain degree of risk, including known and unknown risks. I understand that many of these risks are essential to the activity and, therefore, cannot be eliminated. I understand that these risks include bodily injury ranging from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis, illness, disease or even death, as well as psychological injury. I understand an injury may impair the participant's future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life. I understand the following describes some but not all of the risks that may result in injury, death or property damage:

- Equipment failure
- Failure to properly maintain equipment
- Inadequate coach/instructor training or supervision
- Failure to give adequate warnings or instruction
- Failure by participants to follow instructions
- Participant's exceeding their skills or physical condition
- Vehicular accidents
- The participant's own negligence and the negligence of others
- Dehydration, exhaustion, cramps, hypothermia and fatigue
- Collisions with other participants, equipment and other objects
- Collisions with the ground and floors
- Adverse weather conditions
- Unavailability of immediate medical care

\_\_\_\_ I agree that participation in the activity is **VOLUNTARY** and based on

my independent assessment of the risks involved.

\_\_\_\_ **I understand that ASD will not assume responsibility for injuries, death and damages sustained in connection with the activities.**

\_\_\_\_ By signing below, I acknowledge that the participant and I are **ULTIMATELY RESPONSIBLE** for my/his/her own safety during the participation in ASD activities, including the use of facilities and equipment.

\_\_\_\_ I expressly agree and promise to accept and assume all the risks to myself and/or the participant associated with the ASD activity.

\_\_\_\_ I understand that primary accident insurance coverage is my responsibility. If the participant is a non-ASD alternative education program/home school student, I further understand that ASD secondary accident insurance will not cover the participant.

\_\_\_\_ I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by emergency medical personnel, hospitals, physicians and other medical providers, in the event of an injury or illness.

\_\_\_\_ I authorize the school to transport the participant to and from ASD activities via ASD approved transportation. I accept the responsibility to pay the cost of transportation should the participant be sent home early from an out-of-town event as a result of their behavior.

\_\_\_\_ **I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE ASD FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH PARTICIPATION IN THESE ACTIVITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF ASD. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT IN THE EVENT OF INJURY OR ILLNESS AND AGREE TO INDEMNIFY FOR ANY INJURIES TO MY CHILD ARISING OUT OF THE ASD ACTIVITY. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT FOR PROPERTY DAMAGE, LOST EQUIPMENT, AND/OR DISCIPLINARY SANCTIONS.**

\_\_\_\_ **By signing this document, I acknowledge that if anyone is hurt or killed or property is damaged during the participant's participation in the ASD activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ASD on the basis of any claim from which I have released them herein.**

Having read the above and having understood the dangers and potential risks involved in playing or practicing the above activities, I give my consent as the parent/legal guardian of the participant, \_\_\_\_\_ (student's name), to participate in the above-named activity.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Signature	Parent/Guardian Signature	Date

**THIS SECTION TO BE COMPLETED BY ACTIVITY OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.**

<input type="text"/>	Physical Date	<input type="text"/>	Activity Fee	<input type="text"/>	Baseline Fee	<input type="text"/>	Receipt #
<input type="checkbox"/> Baseline Test <input type="checkbox"/> Concussion Fact Sheet/Parent Acknowledgement/Release							