REDDING SCHOOL DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter,	to participate in
the Redding School District-sponsored activities of	
I understand and acknowledge that these activities, by their very injury/illness to individuals who participate in such activities.	nature, pose the potential risk of serious
I understand and acknowledge that participation in these activitie not required by the Redding School District for course credit or for	
I understand and acknowledge that in order to participate in these to assume liability and responsibility for any and all potential risks in such activities.	
I understand, acknowledge and agree that the Redding School District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter 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.	
Medical Insurance Carrier	
Policy No.	
Phone No:	
Parent/Guardian	Date
Student Signature	Date

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