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## **VOLUNTARY ACTIVITIES PARTICIPATION FORM**

### **ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

#### **Shasta Union High School District and University Preparatory School**

<b>Name of Participant</b>	
<b>Description of Camp/Activity</b>	Medical Careers Workshop includes leadership games, suturing activity, emergency medicine class, respiratory therapy intubation, a guest speaker, with hands on activities, and lunch provided.
<b>Date</b>	February 2, 2019 9am-3pm
<b>Medical Insurance Carrier and Policy Number</b>	
<b>Emergency Contact Name &amp; Phone Numbers</b>	

I authorize the above participant to participate in the described activities. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/ to individuals who participate in such activities as suturing.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge, and agree that the Shasta Union High School District, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant 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.**

In the event of illness or injury, I do hereby consent to whatever xray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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

\_\_\_\_\_  
Parent/Guardian Signature if Participant **under** 18 years old

\_\_\_\_\_  
Date

**Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with participant's school office before participating in the above camp/activity.**

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**2200 Eureka Way, Suite B, Redding, California 96001**  
**(530) 241-326 • Fax (530) 225-8499**