

Sandia View Academy

2017-2018

VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the Sandia View Academy sponsored activities of _____ SOCCER _____.

The undersigned understands and acknowledges the following:

- That these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
- That some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:
 - ❖ Sprains/Strains
 - ❖ Fractured Bones
 - ❖ Unconsciousness
 - ❖ Head and/or Back Injuries
 - ❖ Paralysis
 - ❖ Loss of Eyesight
 - ❖ Communicable Diseases
 - ❖ Death
- That participation in these activities is completely voluntary and as such is not required by Sandia View Academy.
- That in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.
- That Sandia View Academy, Texico Conference, it's employees, school board, 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.

I acknowledge that I have carefully read this form and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

This form **must** be on file with Sandia View Academy **before** a student will be allowed to participate in the above extra-curricular/co-curricular activities.