2023-2024



AGREEMENT FOR TEAM PARTICIPATION [Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities. Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:		Address:
Grade:	Student ID #:	DOB:
School:		Telephone:
Team(s):		

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading or Dance], including try-outs, practices, preseason or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities "Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

- 1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.
- The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).
- 3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.
- Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.
- 5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.
- Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express



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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 are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

Education Code Section 32221.5 requires us to notify you that: Under state law, school districts are required to ensure that all

members of school athletic teams have acc requirement can be met by the school di				
expenses. Some pupils may qualify to expenses. Information about these progressuch insurance cover medical and hospital expense plan with accident benefits of at least \$200 for earn and no less than 80% payable for each occurrence equivalent to the required coverage of at least \$1,5 in one of two ways:	ams may be obtained by calling es resulting from bodily injuries in or ach occurrence and major medical cove; (b) group or individual medical pl	the District. Education Code Sect the of the following amounts: (a) a group the rage of at least \$10,000, with no more ans which are certified by the Insuran	ion 32221 requires that up or individual medical re than \$100 deductible ce Commissioner to be	
Option 1: Private medical insurance/Medical Insurer/Provider) and or "continuous"). The Adult agrees that the exists in the amounts required by Section 322	dical. If this option is selected, (Policy number/Identifying number) Student is covered, and will remain covered.	please provide er),vered during the length of the Team so	(Name of (list coverage dates eason and that coverage	
Option 2: Purchase insurance meeting the rethrough a coverage provider made available program]. If you are financially unable to available from the District] and, if no other financing for, or provide, the required coverage	e through the District [please conta pay for such insurance, a payment valternate funding is available through	ct the District to gain additional info vaiver can be submitted [forms seeking	ormation regarding this ng this waiver are also	
8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team ctivities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be blished or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, thout limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, nether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. e authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.				
9. This Agreement is to be broadly constr Released Parties solely on the basis that this Agree other provisions shall remain in force. No oral moor or oral statement, is allowed. This Agreement co by the Adult or Student in determining whether to	ement was drafted by the District. If a odification of this Agreement, or allegations the sole and exclusive understand	any part of this Agreement is deemed in ged change or modification of its terms anding of the parties, with no other rep	nvalid or ineffective, all by subsequent conduct	
AS THE ADULT SIGNING BELOW: (1) I AM STUDENT TO PARTICIPATE IN TEAM ACTIVE OF ANY NATURE, AND WITH FULL APPRE REGARDING THE SCOPE OR INTENT OF THE AUTHORITY TO ENTER INTO THIS AGREEME PERSONAL REPRESENTATIVE, ASSIGN, HEIR, THIS AGREEMENT TO THE STUDENT, WHO USE	TIES; (2) I HAVE SIGNED THIS AGI CIATION OF THE RISKS INHERE HIS AGREEMENT; (4) I, AS A PA ENT, AND TO BIND MYSELF, THE S , TRUSTEE, OR GUARDIAN TO THE	REEMENT WITHOUT ANY INDUCEM INT IN TEAM ACTIVITIES; (3) I I RENT OR LEGAL GUARDIAN, HA TUDENT, AND ANY AND ANY OTHE TERMS OF THIS AGREEMENT AND	MENT OR ASSURANCE HAVE NO QUESTION VE THE RIGHT AND ER FAMILY MEMBER,	
Printed Name of Parent/Guardian	Signature	Date		
As the Student, I understand and agree to	all of obligations placed on me	e by this Agreement.		
Printed Name of Student	Signature	Date		