MENDOCINO COUNTY OFFICE OF EDUCATION
WARREN GALLETTI, SUPERINTENDENT OF SCHOOLS
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SE3530.00d

INTEGRITY • CUSTOMER SERVICE • ACCOUNTABILITY • TEAMWORK • INNOVATION • PASSION

VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Mendocino County Office of Education-sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Mendocino County Office of Education for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and 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 Mendocino County Office of Education, 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.

In the event of illness or injury, I do hereby consent to whatever x-ray, 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.

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 Mendocino County Office of Education before a student will be allowed to participate in the above extra-curricular activities.