

## AGREEMENT FOR TEAM PARTICIPATION

## [Including Waivers and Releases of Potential Claims]

This Agreement, and the Additional Required Forms listed below, must be signed and returned to the School Office before a Student can participate in any Team Activities. Each Team on which the Student hopes to participate must be listed below. If not listed below, a separate Participation Agreement will be required at a later date before participation can occur.

Additional Required Forms - Concussion, Heat Safety, and Opioid Information Forms & Sports Physical Examination Form

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

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season 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 Howell Mountain Elementary School District ("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 determinations shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.
- 2. 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 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.
- 4. Team Activities contain risks of harm or injury or illness that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries or illness might arise from the Student's actions or inactions or inactions of another Student or participant in a Team Activity, and/or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries or illness might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities, or the undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical condition or Injury or illness, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed inherent to the Student's participation in Team Activities. Therefore, to the fullest extent allowed by law, the Student and Adult fully assume all such risks and waive and release any potential future claim that might in any manner arise from participation in Team Activities against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that that might have been brought by any parent, administrator, executor, trustee, guardian, assignee or family member arising in some manner from a Student's actual Injury or illness. 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 or illness, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief (preferably the head coach or site principal), and notify an Adult of the Student's belief. An Adult aware of such a concern shall direct that the Student not participate in a Team Activity until the unsafe condition or circumstance is addressed and remedied to their satisfaction.
- 6. The Student's <u>current</u> Emergency medical and contact information is on file with the District and, along with the Sports Physical Form, accurately represents the Student's current known or suspected health and physical status. The Student and/or Adult agrees to provide updated health or medical information during the course of the Student's participation in Team Activities.

7. If an injury or medical emergency or express permission to administer, or to author of the Student to an urgent care or emergent reasonable or necessary for the health or well Emergency Contact may be delayed. Therefore, diagnostic, anesthetic, and/or medical care or the circumstances. All costs and expenses assonly be avoided by the filing of a current Obeliefs, with the District.	rize the administration of, urgent or emercy care provider, as well as take any oth I-being of the Student. In urgent or emergany urgent or emergency care provider has reatment procedures (including surgery) they existed with such care are solely my responsible to Medical Care (Education 494).	gency care, including the transportation er action they believe at that time to be gency care situations, notice to an Adult or my express authority to conduct any and all may deem reasonable or necessary under sibility. Note: these authorizations may 407), based on personally held religious
8. Pursuant to Education Code Section 322 have accidental injury insurance that covers med cover medical and hospital expenses as follows: occurrence, and major medical coverage of at le occurrence; (b) group or individual medical plat coverage of at least \$1,500; or (c) at least \$1,500	tical and hospital expenses. Education Code (a) a group or individual medical plan with ast \$10,000, with no more than \$100 deduct ns which are certified by the Insurance Con	Section 32221 requires that such insurance accident benefits of at least \$200 for each ible and no less than 80% payable for each missioner to be equivalent to the required
Option 1: Private Medical Insurance as, (ii) coverage dates and/or "continuous" covered, during the length of the Team season	Policy/Identifying number	and (iii)
Option 2 District-Provided Insurance: If the requirements of Section 32221, for the period made available through the District [please financially unable to pay for such insurance, the District] and, if no other alternate functions financing for, or provide, the required cover	od during which the Student is participating contact the District to gain additional infor a payment waiver can be submitted [forms ding is available through private or charita	on the Team, through a coverage provider mation regarding this program]. If you are seeking this waiver are also available from
9. Employees, agents or volunteers of the D in Team Activities, may photograph, videotape written statements may be published or reproduce appearance to third parties, including, without magazines. Such published or reproduced item publicity, promotional, informational, or any oth without compensation, and without reservation of	e, or take statements from the Student. Such seed in a manner showing the Student's name limitation, webcasts, television, motion pions, whether or not for a profit, may be used er lawful purpose. We authorize and consen	ch photographs, videotapes, recordings, or e, face, likeness, voice, thoughts, beliefs, or ectures, films, newspapers, yearbooks, and d for security, training, advertising, news,
10. This Agreement is to be broadly construct against the Released Parties solely on the basis to invalid or ineffective, all other provisions shat modification of its terms by subsequent condunderstanding of the parties, with no other representation or in agreeing to participate in Team	hat this Agreement was drafted by the Distri Ill remain in force. No oral modification act or oral statement, is allowed. This Agreementation relied upon by the Adult or Stud	ct. If any part of this Agreement is deemed of this Agreement, or alleged change or greement contains the sole and exclusive
UP SUBSTANTIAL ACTUAL OR POTE IN TEAM ACTIVITIES; (2) I HAVE SI ANY KIND, AND WITH FULL APPRI QUESTION REGARDING THE SCOPE AUTHORITY TO ENTER INTO THIS A	WHO IS 18 YEARS OF AGE OR OLDER) SIGNTIAL RIGHTS IN ORDER TO ALLOW THE SIGNED THIS AGREEMENT WITHOUT ANY IN ECIATION OF THE RISKS INHERENT IN TE OR INTENT OF THIS AGREEMENT; (4) I HAGREEMENT; AND (5) IF THE STUDENT IS A MO UNDERSTANDS HIS/HER OBLIGATIONS.	STUDENT (ME) TO PARTICIPATE NDUCEMENT OR ASSURANCE OF AM ACTIVITIES; (3) I HAVE NO HAVE THE RIGHT, POWER, AND
Printed Name - Parent/Guardian	Signature	Date
As the Student, I understand and agree to all of ob	ligations placed on me by this Agreement.	
Printed Name - Student	Signature	Date