



Voluntary Athletic Participation Agreement

Print Full Name of Student/Participant

Student's Home School

Start Date

End Date

Scope

This form pertains to all extracurricular sports and athletic related programs and activities including, but not limited to, festival sports leagues, summer sports leagues, off-season training activities, in-season supplemental training activities, open gym sessions, fitness and exercise activities, fundraiser activities, facility housekeeping assignments, and all sports and athletic related events, games, and competitions, etc.

Insurance Statement

The Paradise Valley Unified School District does not carry health, medical, life, or disability insurance for students/participants and therefore it is up to the parent/guardian to provide such coverages for their own child. **Medical coverage is required for all students participating in sports and athletic related programs, events, and activities.**

Indemnification & Hold Harmless Agreement

I as the parent/guardian understand and acknowledge that participating in any activity carries with it some degree of risk whereby injury, illness, and death could occur as an outcome. I understand and acknowledge the potential risks involved and allow my child to participate in this program despite the risks and willingly accept full responsibility for any injuries and/or illnesses my child should happen to encounter while participating in this program including all medical care and related expenses. In addition, I agree to accept full responsibility for my child's personal items that may become lost, stolen, or damaged while participating in this program. I understand and acknowledge that this program is strictly voluntary and therefore my child's participation is not mandatory or required at any time. However, as a condition of participation in this program, I as the parent/guardian agree to indemnify, defend, and hold harmless to the fullest extent permitted by Arizona law, the Paradise Valley Unified School District and its schools, officers, employees, agents, representatives, and volunteers from and against all liability claims including injuries, illnesses, and property damages, as well as other claims, losses, and legal costs, of any kind or nature, resulting from or in connection with this program.

This form is valid for one full year.

Does the student/participant named above have medical coverage as required by this program/activity? ☐ YES ☐ NO

I as the legal parent/guardian of the child named above, understand, and agree to the terms and conditions as specified above and willingly permit my child to participate in this program/activity. ☐ YES ☐ NO

Print Full Name of Parent/Guardian

Signature of Parent/Guardian

Date of Signing