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### Informed Consent, Assumption of Risk and Liability Release

Yuma Union High School District #70 and its staff attempt to provide high quality programs in an appropriate environment for students and other members of the community. Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you or your child (or ward), as applicable, based upon your particular physical condition, or that of your child (or ward). As a condition for allowing your participation, or that of your child (or ward), Yuma Union High School District #70 requires that you read this agreement carefully and agree to its terms.

I realize that this activity involves the potential for injury and have considered the health risks associated with it. These risks include property damage, bodily injury, illness, or death. These risks may result from a variety of circumstances, including but not limited to, the use or misuse of any equipment, the activity itself, from the acts of others, including school district employees and agents, or from the unavailability of medical care. I also realize that school district employees or agents will not be present at all times and in all areas, and I do not expect supervision by a district employee or agent during any and all activities. I fully appreciate and knowingly assume all such risks.

I agree to comply with all of the rules, regulations and procedures related to the participation of any and all activities. I agree that Yuma Union High School District #70 may immediately remove me from participating for any failure to comply with the rules, regulation or procedures, even if such rules, regulations, or procedures are not in writing.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I and/or my child (or ward) may sustain as a result from participation in this activity. I hereby release, waive, discharge and agree not to sue the Yuma Union High School District #70 and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties. I hereby authorize my child or ward and/or I to participate under these same terms and conditions.

I am aware that Yuma Union High School District #70 does not provide accident or health insurance coverage for me or my child or ward. I acknowledge that I am responsible for any accident or health insurance for my child or ward.

In the event of an emergency, I authorize Yuma Union High School District #70 and its employees and agents to seek medical treatment as deemed necessary.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If applicable, a parent or legal guardian of participants under 18 years of age must agree to the above terms on behalf of his or her child and sign this agreement.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Yuma Union High School District  
3150 South Avenue A  
Yuma, Arizona 85364



Governing Board:  
Teri Brooks  
Bruce Gwynn  
David Lara  
Shelley Mellon  
Phillip Townsend

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Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

***If emergency service involving medical action or treatment is required and either the parents or guardians cannot be contacted, I hereby consent for the participant named above to be given medical care by the school trainer and/or a doctor selected by the school, and/or emergency room services.***

Parents / Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Allergies: \_\_\_\_\_ Any Medical Concern: \_\_\_\_\_

Insurance Name & Policy No.: \_\_\_\_\_

Name & Phone No of Emergency Contact: \_\_\_\_\_

**I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.**

**A parent or legal guardian of participants under 18 years of age must agree to the terms on behalf of his or her child and sign this agreement.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date