

**POWAY UNIFIED SCHOOL DISTRICT  
Release & Liability Waiver**

Please indicate:

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Student Last Name:	First Name:	Birthdate:
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Address:	City/Zip:	Graduating Year:
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Parent Name/Cell Ph:		
<hr/>		
Parent Name/Cell Ph:		
<hr/>		
Emergency Contact/Phone:		

**AWARENESS OF RISK**

STUDENT AND PARENT - I am aware that playing/practicing sports/dance can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the risks of participating may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

Parents Initials \_\_\_\_\_

Student Initials: \_\_\_\_\_

**PERMISSION FOR TREATMENT**

I hereby grant permission to the Poway High School dance coach and those professional personnel designated by the Poway High School dance coach or Poway Unified School District to treat my son/daughter in the event of any injury. In the event of a serious injury, if I am unable to give my consent at that time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parents Initials \_\_\_\_\_

**PROOF INSURANCE**

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports/dance.

Parents Initials \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I have read the above statement, AWARENESS OF RISKS, and PERMISSION FOR TREATMENT, and understand them fully and agree/consent to their contents.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_