## **Poway Unified School District**

## ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY AGREEMENT FOR VOLUNTARY ACTIVITY

**▼** Cocurricular

XI Club

X ROP

M On Campus

X Off Campus

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims, which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described below.

THIS FORM IS INTENDED FOR TRIP PARTICIPANTS OTHER THAN PUSD EMPLOYEES, INCLUDING STUDENTS, PARENTS, AND APPROVED GUESTS. I (Participant's Gull Nama) to voluntarily decided to allow my child/or

myself to participate in		shown below:		, nave voluntarily	y decided to allow	my chiaro
Description of activity:_	See Robotics www.teamspyde		for dates	and times of	events at	□ A.M.
Date(s) of activity:	www.ceamspyde	,	in the agency is an early such in a sub-pay or except most of \$1000 to come on a result of the sub-pay of the s	Time of Activity:		
Name of Sponsoring Sc	chool or Club: Robo	tics				
If activity is off campus, tra District policy states that si				ate Auto	line Other	<del></del>

- Acknowledgement of Voluntary Participation. I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.
- 2. Assumption of Risk. I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume billty and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- Sprains/strains ·Head, face, or dental injuries
- Communicable diseases
- Fractured bones
- Unconsciousness

Other:

Loss of eyesight

Signature of Student (if over 18 years of age)

- Paralysis
- Disability or death
- I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.
- 3. Release From Liability. I, and/or participant, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against Poway Unified School District, its officers, agents, and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.
- I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

	· · · · · · · · · · · · · · · · · · ·	( )
Date	Signature of Parent or Adult Participant	Home Phone Number
		Work or Cell Number

PUSD LSS-19, T-13 - A.P. 3.38.1, 6.53.4 (New 9/04)

Date

## Photo/Video Release Form

I hereby grant Poway Unified School District permission to use my likeness in photograph(s) and/or video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Poway Unified School District, in perpetuity, and for other use(s) by Poway Unified School District.

Name (Printed)				
Signature	-	Date	<b>)</b>	
Name (Print)				
Address:	_City:		_State:	Zip:
Phone: Home ( ) Work				
For those persons under the age of (18) above as the Parent/Legal Guardian of	years:	l herby c	onsent an	d agree to the
		(mino	r's name),	in which case
"I", "me", and "my" as herein shall refer to	o said m	ninor.		
Parent or Legal Guardian Name (Print)	•			
Parent or Legal Guardian Signature			Date	

## VEX® ROBOTICS COMPETITION EVENT CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

Event(s): VEX	Tournament		Team #:1	622
Role (Please Circle):	Mentor/Adult	Student Participant	Volunteer	
Robotics Educatio (collectively, "VEX persons or entities with VEX® Robo "Participant" shall	n and Competition Founda C Robotics"), and Participan managing, contracting, spe tics in print, publication, te mean any individual, studer	ation, Inc., VEX Robotics, Inc., t (defined below and referred to consoring, hosting, conducting, e levision, broadcast or video med	and officers, directors, emple as "I", "Me", "My" and "Part valuating or publicizing (inclu- lia) the VEX® Robotics Com- t other person or entity involve	the VEX® Robotics Competition, the byees and Designees of each of same icipant"). "Designees" includes those ading individuals and entities working apetition. As used in this Agreement, red in a VEX® Robotics Competition
In consideration of	My participation in one or	more VEX® Robotics Competi	tion events, I agree to the follo	owing:
voice, sounds, plus events. I further a laws, and to the ex without limitation, and for all purpos	s any other information I pocknowledge that any works stent I have or may claim a the right to use or sublicentses, including without limit	rovide, associated with My atten made by or for VEX Robotics ( any rights in or to such Works, se these Works in any and all m	dance at and/or participation "Works") to be "works made I hereby grant to VEX Robot edia, now known or later discorporations for VEX® Robot romotions for VEX® Robot was a superior of the control of th	My name, biography, image, likeness, in any VEX® Robotics Competition for hire," under applicable copyright tics any and all such rights, including, overed or developed, and in all forms tics Competition and Vex Robotics
without limitation traveling to and limitation, serious event, I hereby for Robotics, to the I may now have Competition even	n, risks inherent in the confrom events, and particles bodily harm and even coully and willingly assume to fullest extent permitted born hereafter arises against the concluding, without limits and the confront control of t	onstruction and/or operation pating in public competition leath) and property damage. those risks. Except to the ext y applicable laws, I HEREBY St VEX Robotics arising out	of robots, as well as in we s. These risks include the Being fully cognizant of the ent due to the gross neglige WAIVE ANY CLAIMS Coff or connected to My par hampionship Event), and I	orking with electrical connections, erisk of injury (including without erisks in participating in any such ence or willful misconduct of VEX DR CAUSES OF ACTION which rticipation in any VEX® Robotics will indemnify and hold harmless
all claims, deman limitation, any cl property rights of	ds, liabilities, damages, co aims for compensation,	osts and expenses, attorneys' defamation, or invasion of p hat I may now or hereafter	fees, other professional feet privacy, or other infringer	licensees and agents from any and s and expenses, including, without nents or violations of personal or cs arising in connection with my
authorize VEX Ro	botics to administer, or car	_	st aid or other treatment and	obotics Competition event, I hereby such medications as I may possess as oital of VEX Robotics' choice.
CONSTRUED UN Agreement constitu	NDER THE LAWS OF TH utes the entire agreement an	HE STATE OF TEXAS, WHIC	H SHALL BE THE VENUE sect to the subject matter hered	HALL BE GOVERNED BY AND FOR ANY LEGAL ACTION. This of and supersedes any and all previous
I UNDERSTAN	ND THAT THIS FOR	M INVOLVES A RELEAS	E OF LEGAL RIGHTS.	
Participant Name [	Print Clearlyl	Particinant	Signature	Date:
				Zip:
		e of Birth: Month: Date:		

Print Parent or Guardian Name \_\_\_\_\_\_ Parent or Legal Guardian Signature \_\_\_\_\_

as used herein shall refer to said minor.

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to all of the terms and conditions of this Agreement as the Parent/Legal Guardian of \_\_\_\_\_\_(minor participant's name), in which case "I", "Me", "My" and "Participant"