

Foothill DeAnza Community College District

Agreement to Participate and Assumption of Risk

NAME: _____ PE ACTIVITY _____

INTERCOLLEGIATE SPORT _____

I am aware that playing or practicing in any physical education activity or intercollegiate sport can involve MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing any physical education activity or sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well-being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration for Foothill-DeAnza Community College District (FDCCD) permitting me to practice, play, try out, or participate in _____ **(indicate intercollegiate sport or physical education activity)** and to engage in all activities related to the physical education activity class or the intercollegiate sport including practicing, playing and travel, I hereby voluntarily assume all the risks associated with participation in the education, activity class or intercollegiate sport, including practicing, playing and travel related thereto, and agree to exonerate and save FDCCD, their officers, agents, servants and employees, the physical education staff and athletic staff of FDCCD, the physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes or action or demands of any kind and in any nature whatsoever which may arrive by or in connection with my participation in any activities related to _____ **(indicate intercollegiate sport or physical education activity)** including, but not limited to, playing, trying-out, and travel associated therewith.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

DATE: _____

SIGNATURE

Signature may be that of a student
or athlete over 18 years of age.
If under 18, must be signed by parent or
guardian

SIGNATURE OF PARENT OR GUARDIAN