



Governing Board
Mrs. Kristen Acton, President
Mrs. Vickie Landis, Vice President
Mr. Eric Cultum
Mrs. Corby Naylor
Mrs. Sarah Silk

Superintendent
Mr. Mark Yslas

1481 N. Eliseo Felix Jr. Way, Suite 110, Avondale, AZ 85323 VOICE (623) 932-7000 FAX (623) 932-2796

AFUHSD Athletic Activity Waiver Form

Waiver Includes: All Sports Practice, open gym/open fields/open workouts etc., All Sports and

Club Activities, All Camps and Clinics which involve any AFUHSD Schools

By acknowledgment, I, as parent or legal guardian of the student am confirming that I understand and agree to the following terms of participation for the Student to attend: Sports Practice, open gym/open fields, All Sports and Club Activities, All Camps, Leagues and Clinics which involve AFUHSD Schools

Parent's Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student's participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware in writing of some of the specific hazards associated with athletic activities (provided with this form) and nonetheless am providing my permission for the Student to participate in the Activity.
- **I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.**

Parent's Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.
- I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

All Registration forms, the emergency contact care form, check and release & waiver from must be completed on Register My Athlete

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Student Name: _____ Emergency Contact Number: _____

Sport/Camp Name: _____