

San Mateo County Community College District  
**VOLUNTARY ACTIVITIES PARTICIPATION FORM**  
**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I, \_\_\_\_\_ wish to participate in the youth basketball tournament offered by Skyline College's Kinesiology and Athletic Department of the San Mateo County Community College District on July 7 & 8, and July 14-16, 2018.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the district.

I also understand & acknowledge that in order to participate in these activities, I agree to assume liability & responsibility for any & all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I hereby authorize the students and staff of Skyline College to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Skyline College from any and all liabilities for any injuries, illness, or lost property incurred while at the Skyline High School Tournament. My signature on this waiver also states that the student is covered by my personal medical insurance policy.

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Team Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_