

# RTC EVENTS present

## The Inaugural

### North Valley RTC 'Preseason Classic'

#### ASSUMPTION OF RISK AND WAIVER OF LIABILITY FORM

**Date: Saturday, October 9th, 2021**

Those desiring to participate should be aware that participation in any physical activity may entail certain risks. Some risks are inherent in any activity where participants run, jump, stretch, use equipment, and come into contact with each other. Injuries can occur from falls, contact with other participants, equipment, the running surface, and/or people and/or equipment on or adjacent to the sidelines, etc. Other risks include the risk of exacerbating pre-existing medical conditions or allergies, whether known or unknown. Risks associated with participation in physical activities include the risk of injury (including paralysis and even death), illness, emotional distress. Medical and psychological treatment and related expenses.

#### RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK AND WAIVER

On Behalf of \_\_\_\_\_ ("student"), I agree that I want the named student to participate in the off-season activity indicated above. I have made this decision after carefully reviewing and agreeing to the terms of the preceding notice. I understand that participation in this activity is purely voluntary, and I expressly release **PVUSD and NVRTC** employees, agents, insurers, counselors, advisors, volunteers, officials, teachers, and administrators from any past or future liability whatsoever for acts or omissions related to the activities, including individual negligence not amounting to gross negligence and transportation to, from and during the activities in connection with this agreement. This assumption of risk is all-inclusive, regardless of the source of injury or loss, or the nature of the act or omission resulting in the injury or loss. I agree that I am solely responsible for allowing my child to participate in these activities and for any resulting medical related expenses incurred during their participation, regardless of any existing medical conditions or allergies, whether known or unknown. I agree that if my child becomes ill or is injured, **PVUSD and NVRTC** staff have permission to seek medical attention for my child. I will indicate any special medical condition(s) or need(s) below:

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⇒ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

⇒ Student Name (*Printed*): \_\_\_\_\_

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

⇒ Parent Signature: \_\_\_\_\_

⇒ Contact Phone: \_\_\_\_\_