

ESTRELLA FOOTHILLS HIGH SCHOOL  
 13033 Estrella Parkway,  
 Goodyear, Arizona 85338  
 623-327-2400

Name of Student: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (this year): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student cell phone or contact number: \_\_\_\_\_  
 Student e-mail: \_\_\_\_\_

**Phone Contact: This is very important! Please list all names and numbers.**

Parent/Guardian	Home Phone	Business Phone	Other (Cell)
1.			
2.			
<b>Emergency</b>			
1.			
<b>Family Doctor</b>			

**Consent form must be properly signed by the parent or guardian before participating in the activity.**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_,  
 give consent for my child to participate in \_\_\_\_\_ on the following dates:  
June 20-22, 2022.

**MEDICAL CONSENT:** I hereby authorize in advance any necessary medical treatment required by my son or daughter while he or she is absent from home and under the supervision of BUHS. My child is authorized to take the following prescriptions: \_\_\_\_\_.

**Parent/ Guardian Medical Consent Signature:**

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

**STUDENT:** I understand the contents of this form and agree to comply with the rules governing this activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN:** I understand the contents of this form and agree to allow my child to participate in this activity.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Buckeye Union High School District**

**Volleyball Summer Camp Informed Consent, Assumption of Risk, Liability Release  
and Indemnity Agreement**

Name of Participant: \_\_\_\_\_

Buckeye Union High School District and its staff attempt to provide high quality programs in an appropriate environment for students and other members of the community. Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you or your child (or ward), as applicable, based upon your particular physical condition, or that of your child (or ward). As a condition for allowing your participation, or that of your child (or ward), Buckeye Union High School District will require that you read this agreement carefully and agree to its terms.

I realize that the activities associated with "open gym" involve the potential for injury and have considered the health risks associated with them. These risks include property damage, bodily injury, illness, or death. These risks may result from a variety of circumstances, including but not limited to, the use or misuse of any equipment, the activity itself, from the acts of others, including school district employees and agents, or from the unavailability of medical care. I also realize that school district employees or agents will not be present at all times and in all areas, and I do not expect supervision by a district employee or agent during any and all activities. I fully appreciate and knowingly assume all such risks.

Because of the risks, I am obligated to comply with all of the rules, regulations and procedures related to the participation of any and all activities. I agree that Buckeye Union High School District may immediately remove me from participating for any failure to comply with the rules, regulation or procedures, even if such rules, regulations, or procedures are not in writing.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I and my child (or ward) may sustain as a result from participation in this activity. I hereby release, waive, discharge and agree not to sue the Buckeye Union High School District and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties. I hereby authorize my child (or ward) to participate under these same terms and conditions.

I agree to defend and indemnify Buckeye Union High School District and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by me negligently, willfully, or otherwise.

I am aware that Buckeye Union High School District does not provide accident or health insurance coverage for me or my child (or ward).

In the event of an emergency, I authorize Buckeye Union High School District and its employees and agents to seek medical treatment as deemed necessary.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If applicable, a parent or legal guardian of participants under 18 years of age must agree to the above terms on behalf of his or her child and sign this agreement.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date