



William S. Hart Union High School District

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP or SCHOOL ACTIVITY **ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION**

Name: _____ School/Dept: _____
Last First MI

Type of volunteer/employee: _____
(Please be specific)

Purpose of Participation: _____
(Chaperone, Volunteer/ Employee Driver, Coach etc.)

School: _____ Group/Team: _____

As provided for in California Education Code Section 35330, I agree to hold the William S. Hart Union High School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the gross negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, transportation, and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. I understand this authorization for treatment will remain valid until it is withdrawn by me in writing.

Signature _____ Date _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

Health Insurance Company: _____ Policy Number: _____

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box below:

Instructions attached

No instructions attached

Distribution: (1) School Administrator • (1) Director of Transportation • (1) Applicant

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Updated 09/15