

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE IN OPEN GYM PROGRAM

I hereby give my permission for _____ (Student name), who attends _____ (student's school) to participate in the Open Gym Program at an SPS Gym on Tuesdays- June 18, 2024-August 6, 2024 from 1pm-3pm.

***Participating students must be in 5th grade-12th grade and a current SPS student.**

Student's grade: _____

I hereby acknowledge that I have read, understood and agreed to the following: Please Initial:

_____ I understand Open Gym program involves ability for my child to participate in Basketball activities I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity

_____ I certify that my child has no medical or physical conditions which could interfere with his/her ability to safely engage in this activity. *Please note any Medical conditions, medication information or allergies the district should be made aware of on the backside of this form. (Or below if filling out online)

_____ I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

Family Physician _____ Phone #: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Emergency Contact Name: _____ Phone #: _____

_____ In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

_____ I understand the district is not providing any transportation for this activity. Guardians are responsible for student transportation to this event. Students must be off-campus at the conclusion of the Open Gym sessions at 3pm each scheduled day.

_____ I understand and have read and discussed the following guidelines with my participating student:

*Participants must follow all safety and behavior guidelines, or they will be asked to leave.

*Transportation home must be arranged prior to attending a session.

*Students may bring their own basketball, but not other equipment. SPS provided equipment must stay with the district staff and volunteers.

*In the event of an injury, participants are responsible for the costs of any medical treatment through their own medical insurance or other means.

As a parent or guardian of a student requesting to voluntarily participate in the Spokane Schools Open Gym Program, I understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the Open Gym Program.

Parent Name (printed) _____

Contact Number _____

Parent Signature _____ **Date** _____

Dates my student will be attending (circle all applicable)

Salk MS:

June 18th

June 25th

July 2nd

July 9th

Sacajawea MS:

July 23rd

July 30th

August 6th

**NO open gym July 16th

Site your student will be attending (circle one)

Salk MS Sacajawea MS

If you child has a medical plan on file or other health conditions open gym supervisors should be aware of, please indicate those below: