AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION
AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of Sierra Academy of Expeditionary Learning (student name)_____
has my permission to participate in the **11th Expedition Kick-Off Event at the South Yuba Club**

To be held at: **South Yuba Club 130 West Berryhill Drive, Grass Valley**

Teachers: **Mr. Bird, Mr. Young, Ms. James, Mrs. Burlingham**

Day/Month/Time: **Monday, February 11th from 9:45am to 12:30pm**

Method of Transportation: Students will be driven to and from by SAEL approved drivers.

SPECIFIC ACTIVITIES:

(1) Spin Event Activities at South Yuba Club will include the following:
(i) Completing an hour-long spin-bike relay as part of a supervised spin competition in an environmentally-controlled and professionally maintained exercise facility.
(ii) Adhering to the rules of conduct of the South Yuba Club's spin room, general building

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify the club advisor or Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X_____
Authorized Signature of Parent or Guardian

_____
Printed Name of Parent or Guardian Date

☐ Check here if child **may not** participate in Activity number: (1) [Please provide details and an explanation on the back of this sheet]

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to $50,000 (applies excess of family health insurance if applicable.)

X_____
Authorized Signature of Parent or Guardian

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

_____
Parent or Guardian's Name (please print)

_____ Date: _____
Authorized Signature of Parent or Guardian

☐ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.