

Agreement to Participate  
Onekama Consolidated Schools  
Enrichment Program

**RISK OF INJURY**

I am aware that participating in the after school enhancement program will involve mild to strenuous physical activities. Physical activities expose participants to frequent risk of injury. These injuries could include the following injuries to me or others as a result of my participating:

- |  |                                 |
|--|---------------------------------|
| Bruises & Cuts   | Muscle tears, sprains & strains |
| Broken bones   | Closed head injuries            |
| Other serious impairments and injury to my body, general health and well being |                                 |

I acknowledge that the risk of injury will vary by the type of activities I do and my general physical condition. I understand that exceeding my physical limitations will increase the risk of injury. I hereby declare myself to be physically sound and suffering no condition, impairment disease, infirmity, or other illness that would prevent me from fully participating in the activities. I acknowledge that I have been informed that it is my responsibility to bring to the attention of the school officials ANY condition that may restrict or prohibit me from fully participating.

The Enrichment Program will being on \_\_\_10/3/2016\_\_\_ and end on \_\_\_5/31/17\_\_\_. It will take place at Onekama Schools.

**PAYMENT OF INJURY EXPENSES**

It is either my responsibility or my parent's responsibility to provide medical insurance or other financial means for paying for facility related injuries. I understand that any premises accident coverage provided by the school district would only be excess over any collectable insurance, health care coverage, self-funded employee benefit plan and medical welfare plan.

**AGREEMENT**

I willingly agree to accept all responsibilities in case of accident or injury resulting from my participating in the enrichment activities. I agree that Onekama Consolidated Schools and anyone associated with it will not be held responsible for: 1) any loss, injury, or death except that caused by an OCS staff or their authorized agent resulting from the staff's or authorized agent's gross negligence or intentional act; 2) any loss, injury or death resulting from another user's action or failure to act related to the use of the facility. I also know that it is my responsibility to know and obey the safety rules and direction of staff to ensure my own safety. Failure on my part to abide by the rules of the facility can jeopardize my eligibility to continue participating in the program.

My signature at the bottom of this form means that I have read, understand and agree to these terms of my participating in Onekama Consolidated Schools' Enrichment Program.

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Print Name

Signature

Date

If under 18 years of age, parent/guardian signature is required below attesting to have read, understood and agreed to the above terms.

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Print Name

Signature

Date