



## PARENT PERMISSION FORM AFTER-SCHOOL ENRICHMENT SPORTS CLASS

\_\_\_\_\_  
School/Event Name

\_\_\_\_\_  
Name of Child Participating

- I understand that the participation in Ella Baker Elementary PTSA Soccer Shots class is entirely voluntary. Some of the activities are physically rigorous and they carry inherent risks. I hereby voluntarily assume all risks and danger of injury, harm or damage resulting from or arising out of my child(ren)'s participation in the Ella Baker PTSA Soccer Shots class, including the risk of emotional or physical injury or disability from improper use of equipment, unsafe acts on the part of the participants, or failure of equipment. The activities of the class are not under the direct control of the Lake Washington School District (LWSD) staff or the Ella Baker PTSA. The LWSD, Ella Baker Elementary PTSA, and their respective staff and volunteers cannot be responsible for the inherent dangers associated with participation in class activities or use or condition of the equipment.

\_\_\_\_\_ (Parent/legal guardian Initial)

- I certify that I have adequate insurance to cover any injury that may be sustained by my child(ren) and cover any injuries or damages that may be caused by my child(ren), or else I agree to bear the costs of such injury or damages myself.

\_\_\_\_\_ (Parent/legal guardian Initial)

- I further certify that my child(ren) has/have no known or suspected medical or physical conditions which could interfere with his/her/their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_\_ (Parent/legal guardian Initial)

- I agree to release, defend, indemnify, and hold harmless the Ella Baker PTSA, the LWSD, and their respective elected and appointed officials, employees, agents, staff and volunteers from and against any and all claims, liabilities, damages, expenses, or causes of action arising out of or connected to personal injury, illness, death or property damage in connection with the Ella Baker PTSA Soccer Shots class, including but not limited to events over which the Ella Baker PTSA and the LWSD exercise no control, such as actions of the vendor, other participants, or other parties, and acts of God.

\_\_\_\_\_ (Parent/legal guardian Initial)

I authorize qualified medical personnel to examine and in the event of injury or serious illness, administer emergency care to \_\_\_\_\_  
(Child(ren)'s Name(s))

I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Soccer Shots staff, LWSD staff, or Ella Baker Elementary PTSA volunteers to obtain emergency care for my child(ren), neither he/she nor Soccer Shots, LWSD or Ella Baker Elementary PTSA assume financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number(s)

\_\_\_\_\_  
Printed Name of parent/legal guardian

**Please email this completed form for each child to [enrichment@ellabakerptsa.org](mailto:enrichment@ellabakerptsa.org) BEFORE the first class on Wed, Sep 20, 2023.**

**All children MUST have a signed form in order to participate in the class.**