

## **PARENT OR LEGAL GUARDIAN PERMISSION**

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel."

By signing this Permission Form, we acknowledge that we have read the above information. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

"I hereby give my consent for the above-named student,

1. to represent his/her school in approved athletic activities except those crossed out in this booklet by the examining medical doctor;
2. to accompany any school team of which he/she is a member on its local or out-of-town trips;
3. to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

**Student**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent/Legal guardian**

"I have read the foregoing and will abide by the principles and regulations contained therein."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**1) Acknowledgment of Warning - Student and Parents**

**ACKNOWLEDGEMENT OF WARNING BY STUDENT**

I, (NAME OF STUDENT) \_\_\_\_\_, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the (School District) \_\_\_\_\_, that by participating in the sport of (Name of sport) \_\_\_\_\_. I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

WITNESS \_\_\_\_\_ NAME OF STUDENT \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**ACKNOWLEDGEMENT OF WARNING BY PARENTS**

We/I, the parent(s) of (Student name) \_\_\_\_\_, do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of the \_\_\_\_\_ School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of \_\_\_\_\_. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to \_\_\_\_\_ participating in the sport of \_\_\_\_\_

Witness \_\_\_\_\_ Name of parent/guardian \_\_\_\_\_

Witness \_\_\_\_\_ Name of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

## **ASSUMPTION OF RISK FORM**

This form does not release the school from any negligence. However, this form, with your signature, verifies that you are aware that various injuries do occur while participating in athletics.

"WE UNDERSTAND AND ASSUME THAT THERE IS ALWAYS POTENTIAL RISK OF INJURY TO OUR SON/DAUGHTER WHILE PARTICIPATING IN ATHLETICS."

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Parent's Signature

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS,  
RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS**

(Both the applicant, student and parent or guardian must read carefully and sign.) SPORT (Check applicable spaces):

- |                                        |                                     |                                   |
|----------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track    |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Tennis   |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Hockey     |                                   |

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers of playing or practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

In consideration of \_\_\_\_\_ High School permitting me to try out for the above checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing/participating in that sport(s), I hereby assume all the risks associated with participation and agree to hold

\_\_\_\_\_ High School of School District, (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the

\_\_\_\_\_ High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. I specifically acknowledge that FOOTBALL, WRESTLING, GYMNASTICS, ICE HOCKEY, and BASEBALL are PHYSICAL CONTACT SPORTS involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**PARENT I GUARDIAN**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to, those risks outlined above. In consideration of \_\_\_\_\_ High School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s), I hereby agree to hold

\_\_\_\_\_ High School of \_\_\_\_\_ School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the

\_\_\_\_\_ High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that football, wrestling, gymnastics and baseball are physical contact sports involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_