

## PARENT/GUARDIAN PERMISSION TO PARTICIPATE AND LIABILITY RELEASE

I/We give my/our permission for \_\_\_\_\_ to participate in organized athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. Because of the dangers of participation in sports, I/we recognize the importance of following the coach's instruction regarding playing techniques, training and other team rules and agree to obey such instructions.

I/We also understand that to participate, my/our child will require a physical exam. Also, my/our child must carry some accident insurance, either school insurance or verification of accident/health insurance.

In addition, the athlete must at all times meet the school's scholastic and athletic requirements for participation in the athletic program. These requirements are in the Athletics/Activities Handbook and the Student Handbooks.

**I acknowledge that I have read and understand this warning and liability release.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Athlete

**I/We have accident/health insurance YES \_\_\_\_\_ NO \_\_\_\_\_**

\_\_\_\_\_  
Name and number of insurance carrier

Does this insurance require permission to be transported by ambulance or to be seen by a doctor? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what are the procedures to be followed if the need arises?

\_\_\_\_\_  
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\_\_\_\_\_  
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