

ASSUMPTION OF RISK AGREEMENT AND EMERGENCY RELEASE FORM

As the parent/legal guardian of the athlete named here _____ (athlete's name), I/We understand that playing or participating in any sport can be a dangerous activity involving risks of injury, which may be serious. Although serious injuries are not common in supervised programs, it is impossible to eliminate all risk.

By signing this permission form, we acknowledge that we have read and understand this warning and understand the inherent risks associated with this sport activity. We further understand that we are responsible for obtaining any medical, accident, or other insurance that we deem appropriate; the district does not provide student accident insurance. **Parents/Guardians and Athletes who do not wish to accept the risk described in this warning should not sign this Assumption of Risk Agreement.** The District makes available to parents student accident insurance information which may be purchased at parent's expense. This information can be picked up at the District Administration Office.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

By signing below, the athlete and parent/legal guardian confirm that the athlete has been deemed physically able to participate in athletic activities by a physician. Additionally, by signing below, the athlete and parent/legal guardian, in the event of a medical emergency in which the parent/legal guardian cannot be reached, grant permission to the physician selected by the school to hospitalize and secure proper treatment (including surgery) for the athlete and verify agreement to assume all costs for such treatment.

Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. The parent/legal guardian and athlete agree to abide by all district/school/camp rules and comply with the reasonable authority of the staff.

This form applies to the following sport/camp/activity:

Parent/Legal Guardian: By signing this form, I am not releasing the School District and its employees from any of their legal obligations. However, on behalf of myself, my student, and our family and representatives, I release and hold harmless the School District and its employees from and against all claims for any damages or injuries incurred by my student from any cause, including but not limited to *my student's own misconduct or the actions or omissions of third parties*. I understand that for purposes of this Release, the term "employees" includes the School District's directors, employees, servants, and volunteers.

Printed Name _____ Signature _____ Date _____
(Parent/Legal Guardian) (Parent/Legal Guardian)
Home Phone _____ Day Phone _____ Cell Phone _____

Printed Name _____ Signature _____ Date _____
(Parent/Legal Guardian) (Parent/Legal Guardian)

Emergency Contact Information:

Emergency Contact Name _____ Emergency Contact Phone _____

-Please return this form and maintain a copy for your records-