

GILMAN SCHOOL

Student Athlete Acceptance of Risk

Any Upper School student planning to participate in Interscholastic Athletics should complete this form.

I, _____, am aware of and accept the risk of injury associated with the interscholastic sport in which I will be participating. I will do my part to reduce the risk of injury by keeping myself in the best possible physical condition and to follow the advice of the team physicians, athletic trainers, and / or coach, concerning preventions, treatment and rehabilitation of athletic injuries.

Age _____

Sport _____

Student's Signature _____

Parent / Guardian Signature (if under 18) _____

Date _____