

BILLINGS PUBLIC SCHOOLS
ACTIVITIES PARTICIPATION AGREEMENT

TODAY'S DATE _____

A. STUDENT INFORMATION (please print)

Name _____
Last First MI

SEX: M F (circle one) Birthdate _____ Student ID# _____ Year in school _____

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Emergency contact _____

State/Zip _____ Emergency contact phone _____

- B. PARTICIPATION WARNING:** I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with competent coaching, the use of appropriate 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, quadriplegia, or even death. Because of the dangers of participating in the above sport, I/We recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and I/We agree to obey such instructions. I also understand that it may be necessary for students to provide their own transportation to some competition events and/or practices. In these situations, the parent and the student are responsible for safe travel.
- C. PARENT/GUARDIANSHIP STATEMENT:** I/We hereby certify and affirm that I/we are the parent(s)/legal guardian(s) of _____ (student). I/We have read this warning and understand its terms. I/We understand that all sports can involve many risks of injury including, but not limited to, those risks outlined. I/We assume all risks of playing or practicing to play/participate for the above named student.
- D. WAIVER OF LIABILITY:** I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport supervisors and coaches, from and against any claim which the above named student, I/We, and other parent or guardian, and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation by the above named student. I/We understand by signing this warning agreement to obey instructions, and assumption of risk, I/We am waiving all rights that the above named student, I/We or any other person may have to any compensation for any physical injury that may result from participation by the above named student. The above waivers are extended to the fullest limits permitted by law.
- E. EQUIPMENT RESPONSIBILITY:** I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student.
- F. CODE OF CONDUCT:** I/We understand that the Billings Public Schools has a Code of Conduct for activities which includes a chemical use policy. This code of conduct is in effect from the date of first signing, year around, until graduation. I have read the Code of Conduct, understand its expectations and have signed the Code of Conduct Acknowledgement form.
- G. EMERGENCY MEDICAL SERVICE:** If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school. Name of Family Physician _____ Phone Number _____ Hospital Preference _____
- H. INSURANCE:** I understand that the Billings Public Schools carries a student accident insurance policy which covers participants. I also understand that it is limited in coverage and is most effective as a secondary coverage policy. My son/daughter is also covered by our family medical policy with the company listed below (mark NA if not applicable). COMPANY NAME _____
- I. MHSА PHYSICAL EXAMINATION CARD:** Montana High School Association policy and the Billings Public Schools require a current physical examination card signed by the student, parent(s)/guardian(s) and the participating doctor.
- J. CONCUSSION PROTOCOL:** Montana State law, the Montana High School Association and the Billings Public Schools require reading and understanding concussion protocol, participation in IMPACT pre-testing, and the signing of the Concussion Information form.
- K. MEDIA RELEASE FORM:** Participation may result in media coverage which may include pictures or images of the above named student. The media release form grants permission or does not grant permission for pictures and/or images to be used by the Billings Public Schools and/or media.
- L. PAYMENT OF FEES:** I/We acknowledge that the Billings Public Schools Activities Program requires activity, participation and program fees and agree to pay these fees as a condition of participation.

I/WE HAVE READ, UNDERSTAND AND AGREE TO THE INFORMATION IN ITEMS A THROUGH L.

SIGN (X) _____ **DATE** _____
Parent/Guardian Signature

SIGN (X) _____ **DATE** _____

Please read, sign, and return this form to your school activity office before participation. Retain yellow copy for your record.