



DoDea and ISAA
ACKNOWLEDGEMENT OF INHERENT RISK OF INJURY

I give permission for _____ (name of child/ward) to participate in any of the following sports:

- Basketball Cross Country Soccer Tennis
- Track and Field Volleyball Swimming

I am aware that with the participation in High School sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact/collision sports carrying the higher risk. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities.

I acknowledge that we will either ask for or have been given &ISAAany information that we need to determine the general risks associated with the activities in which my son/daughter will participate.

Name of Parent/Sponsor: (Print Name) _____

Signature Parent/Sponsor: _____ Date: _____