

# SECTION 8

WASHINGTON SCHOOLS  
RISK MANAGEMENT  
SAFETY GUIDELINES

**COVID DISCLOSURE AND RELEASE**  
**ATHLETIC PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Activity/Sport: \_\_\_\_\_

**COVID-19 NOTICE FROM SHORELINE SCHOOL DISTRICT**

The novel coronavirus (“COVID-19”) has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment, cure, or vaccine for COVID-19. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The district has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in **SCHOOL ATHLETICS** you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT**

**Assumption of Risk for COVID-19:** I understand that my child’s participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the district employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

**Waiver of Liability/Hold Harmless:** By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the district and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (i.e., medical costs) arising out of any exposure to or illness or injury from COVID-19.

*I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.*

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

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: BASEBALL/SOFTBALL

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **baseball/softball** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as batting, fielding and sliding carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED

WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: BASKETBALL

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **basketball** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: CHEERLEADING

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **cheerleading** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as tumbling and stunting carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_

Student name (please print)

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date

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\_\_\_\_\_

Parent/guardian name (please print)

\_\_\_\_\_

Parent/guardian signature

\_\_\_\_\_

Date



## INFORMED CONSENT FORM RE: CROSS COUNTRY

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **cross country** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: FOOTBALL



Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

We accept and understand that the sport of **football** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as the act of tackling carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: GOLF

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **golf** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## INFORMED CONSENT FORM RE: GYMNASTICS

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **gymnastics** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as tumbling carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

---

Student name (please print)

---

Student signature

---

Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

---

Parent/guardian name (please print)

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Parent/guardian signature

---

Date



## INFORMED CONSENT FORM RE: SOCCER



*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **soccer** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as slide tackling and heading the ball carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED

WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

---

Student name (please print)

---

Student signature

---

Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

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Parent/guardian name (please print)

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Parent/guardian signature

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Date



## INFORMED CONSENT FORM RE: SWIMMING AND DIVING

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **swimming and diving** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as diving into the pool from the pool edge, starting block, springboard or platform, carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)\_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial)\_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

---

Student name (please print)

---

Student signature

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Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

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Parent/guardian name (please print)

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Parent/guardian signature

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Date



## INFORMED CONSENT FORM RE: TENNIS

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **tennis** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

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Student name (please print)

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Student signature

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Date

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Parent/guardian name (please print)

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Parent/guardian signature

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Date



## INFORMED CONSENT FORM RE: TRACK AND FIELD

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **track and field** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as high jumping, participating in throwing events such as javelin, shot put and discus and pole vaulting carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

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Student name (please print)

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Student signature

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Date

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Parent/guardian name (please print)

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Parent/guardian signature

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Date



## INFORMED CONSENT FORM RE: VOLLEYBALL

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **volleyball** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

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Student name (please print)

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Student signature

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Date

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---

Parent/guardian name (please print)

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Parent/guardian signature

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Date



## INFORMED CONSENT FORM RE: WRESTLING

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **wrestling** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) \_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) \_\_\_\_\_ (Parent Initial) \_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) \_\_\_\_\_

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Student name (please print)

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Student signature

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Date

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Parent/guardian name (please print)

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Parent/guardian signature

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Date