

**Free Sports Physical Screening Consent Form:**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

This form is for use in the 2024 Renton School District (RSD) Sports Physical Screenings.

I hereby acknowledge I/my child is voluntarily taking part in this physical screening at no charge.

I hereby acknowledge that certain risks of injury are inherent to participation in curricular and/or extracurricular sporting activities that may take place.

These types of injuries may be minor or serious and result from one's actions, or the actions or inactions of others or a combination of both.

I hereby agree that Swedish Medical Group, its volunteers, staff, and agents shall not be liable for any injury, loss or damage to person or property, incurred during this physical screening and thereafter including deterioration of health or illness or aggravation of condition resulting from participation in curricular and/or extracurricular activities.

I understand that Swedish Medical Group, its volunteers, staff, and agents shall not be responsible for ensuring I/my child seeks medical follow-up should a medical concern be identified during the physical screening. I hereby agree that it is my responsibility to seek follow-up medical evaluation, should that be suggested during the physical screening.

I agree to release Swedish Medical Group, its directors, officers, employees, agents, and contractors (the "Released Parties" from all claims, costs, damages, liability, or responsibility whatsoever for personal injury, wrongful death howsoever caused, including but not limited to negligence of the Released Parties, whether passive or active, which arise from participation in curricular and/or extracurricular sports activities. I also understand and agree that I am not only giving up my right to sue the Related Parties, but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties.

I declare having read and understood the above informed consent agreement in its entirety.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian (if student under 18 years of age)

\_\_\_\_\_

Date

**TO BE COMPLETED AT HEALTH FAIR BY PROVIDENCE/PROVIDENCE SWEDISH VOLUNTEER**

\_\_\_\_\_

Witness

\_\_\_\_\_

Date