

School Year _____

THOMAS COUNTY SCHOOLS ATHLETIC DEPARTMENT
SPORTS PARTICIPATION CONSENT FORM

Baseball · Basketball · BASS Fishing · Cheerleading · Cross Country · Football · Golf
Gymnastics · Soccer · Fast Pitch Softball · Flag Football · Swimming · Tennis
Track and Field · Volleyball · Wrestling

STUDENT INFORMATION:

Student Name:

("STUDENT")

Date of Birth: Grad Year: Student Phone:

STUDENT's Selected Sport(s):

- ☐ Baseball
- ☐ Basketball
- ☐ BASS Fishing
- ☐ Cheerleading
- ☐ Cross Country
- ☐ Fast Pitch Softball
- ☐ Flag Football
- ☐ Football
- ☐ Golf
- ☐ Gymnastics
- ☐ Soccer
- ☐ Swimming
- ☐ Tennis
- ☐ Track and Field
- ☐ Volleyball
- ☐ Wrestling

STUDENT MEDICAL INFORMATION:

STUDENT's physician:

Physician's phone:

Explain any conditions regarding STUDENT you believe athletic staff should be aware of, if none, put NA:

[If the information above changes, please email llawing@tcjackets.net, and update this form]

CONSENT, ASSUMPTION OF RISK, AUTHORIZATION, AND RELEASE:

SUMMARY

By signing this form, you:

Give permission for STUDENT to participate in interscholastic sports;
Acknowledge risks of STUDENT's participation in sports and assume those risks;
Agree STUDENT will abide by handbook, team rules, and coaches' directions;
Release Thomas County Schools/others from liability for STUDENT's participation in sports;
Consent for STUDENT to travel for school-sponsored sports activities;
Release Thomas County Schools/others from liability for STUDENT's sports-related travel;
Consent to medical treatment of STUDENT in emergency, illness, or following injury;
Authorize Thomas County Schools employees/agents to act for STUDENT's medical care;
Acknowledge financial responsibility for medical treatment provided to STUDENT; and
Consent to the use of STUDENT's image and release/hold harmless Thomas County Schools/others.

CONSENT TO PARTICIPATE

I consent for STUDENT to participate in the interscholastic athletic programs of the Thomas County School District ("Thomas County Schools"), including but not limited to all sports listed at the top of the first page of this form and those specifically identified on the line next to the words, "STUDENT's Selected Sport(s)."

(Parent/Guardian Initials)

(Student Initials)

ACKNOWLEDGEMENT OF RISKS AND ASSUMPTION OF RISKS

I am aware that playing or practicing to play any sport can be a dangerous activity involving many risks. I specifically acknowledge that collision sports, such as football, involve an even greater risk of injury than non-collision, non-contact sports. I understand that the dangers and risks of participating in any athletics program include, but aren't limited to, physical injuries such as brain injuries, neck and spinal cord injuries, musculoskeletal system injuries like sprains, strains, tears, and fractures. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. The dangers and risks of participating in the athletics programs of Thomas County Schools may result in, not only serious injury, but in the serious impairment of STUDENT's future ability to earn a living and to engage in other business, social, and recreational activities.

Because of the dangers of participation in athletics, I recognize the importance of STUDENT following the Code of Conduct in the school Parent/Student Handbook, team rules, and coaches' instructions regarding playing and training techniques and off-field/off-court behavior, and I agree to direct STUDENT to obey such code, rules, and instructions. I acknowledge that even with the best coaching, strict observance of rules, and use of the most advanced protective equipment, injury, including injury that may lead to death, is still a possibility.

I am aware of the risks associated with STUDENT's participation in the interscholastic athletic programs of Thomas County Schools; I acknowledge same; and I hereby assume all risks associated with STUDENT's participation in the interscholastic athletic programs of Thomas County Schools.

(Parent/Guardian Initials)

(Student Initials)

GENERAL RELEASE OF LIABILITY

I believe STUDENT's participation in school sports/athletics is beneficial for STUDENT, and, in consideration of Thomas County Schools permitting STUDENT to participate in its interscholastic sports programs, I hereby release and agree to hold harmless Thomas County Schools, Thomas County Board of Education, its members, employees, agents, representatives, and volunteers from any and all liability, actions, causes of action, claims, or demands of every kind and nature whatsoever that may arise by or in connection with STUDENT's participation in any and all interscholastic sports activities of Thomas County Schools associated with the 2021-2022 school year, beginning with any summer workouts, practices, or other activities that may occur prior to the start of the academic school year.

(Parent/Guardian Initials)

(Student Initials)

CONSENT FOR TRAVEL AND RELEASE OF TRAVEL-RELATED LIABILITY

I anticipate that STUDENT, while a participant in interscholastic sports, will need to travel to activities off campus, and I consent for STUDENT to participate in school-sponsored athletic activities travel. Transportation for STUDENT to these off-campus activities may be by school bus, private vehicle, or alternative transportation arranged by Thomas County Schools and operated by employees, agents, or volunteers of Thomas County Schools or by an entity contracted by Thomas County Schools for such purpose. In consideration of their performance of this valuable service for STUDENT, I hereby release and discharge Thomas County Schools, Thomas County Board of Education, its employees, agents, and volunteers from any and all claims and causes of action of any kind or nature, which may arise out of STUDENT'S travel while STUDENT is in the custody of Thomas County Schools and is a participant in interscholastic sports.

(Parent/Guardian Initials)

(Student Initials)

CONSENT TO MEDICAL TREATMENT AND AUTHORIZATION TO ACT

In the event STUDENT experiences a medical emergency, is ill, or is injured during the course

of any school-sponsored athletic activity or related travel, which in the opinion of school representatives requires immediate medical attention,(OR PHOTOCOPY) WILL SERVE AS MY PARENTAL OR GUARDIANSHIP CONSENT. I give my permission to the health care providers of the Thomas County Schools Sports Medicine team (Physicians, ATCs, Nurses, medical personnel, Archbold rehabilitation and hospital staff) and any Thomas County Schools employees, agents and representatives to act in my place with regard to STUDENT'S medical care in all respects and with all immunities and to take such actions as may be deemed necessary, if, for any reason, I cannot be reached before the provision of medical services is needed. This authorization includes, but is not limited to, injury/illness evaluation and treatment by certified athletic trainers, nurses, physician assistants, physicians, and dentists and obtaining emergency medical treatment for STUDENT, such as activation of emergency services, transportation to a hospital or emergency medical services provider and emergency room procedures.

This authorization does not cover major surgery unless the attending physician and one more physician concur regarding the need for the surgery. Nothing in this section shall be construed to impose liability on any school official, employee, agent, or representative, who in good faith, attempts to comply with this section.

(Parent/Guardian Initials)

(Student Initials)

FINANCIAL RESPONSIBILITY FOR MEDICAL CARE

I understand, acknowledge, and agree that I am financially responsible for the costs of health care provided to STUDENT pursuant to the consent and authorization above, including, but not limited to, ambulance transport, emergency room charges, physician charges, diagnostic tests, and medications.

Although students who are on an athletic roster generally will be covered by a supplemental insurance policy provided by Thomas County Schools, I understand Thomas County Schools has no obligation to obtain insurance coverage for such students' sports activity-related medical costs. Moreover, Thomas County Schools is not and will not be responsible for any charges not covered by insurance, deductibles, or balances remaining after policies have paid. I understand that I am responsible for paying any such deductibles, charges not covered by insurance, or balances remaining after policies have paid.

(Parent/Guardian Initials)

(Student Initials)

MEDIA RELEASE

I consent to STUDENT occasionally being photographed and/or interviewed when participating in Thomas County Schools interscholastic sports activities, and I understand photographs and/or quotes may appear in publications such as the Thomasville-Times Enterprise, as well as other publications, school-sponsored or otherwise. In addition, I consent to STUDENT occasionally being videoed when participating in Thomas County Schools interscholastic sports activities,

and I understand that these videos may be distributed in a manner that members of the general public are able to view them, such as being posted to a website, school-sponsored or otherwise, or shown on cable TV. I understand that STUDENT is entitled to certain privacy rights including those under the Family Education and Privacy Act (FERPA), and I waive any claim or privacy right of STUDENT regarding the recording of photographic images or video of STUDENT during interscholastic sports activities and the subsequent use of such images or video. I understand that such recordings may be shared and distributed to the public, and I consent to the use of STUDENT's image in such a manner. I understand that Thomas County Schools is not responsible for the unauthorized reproduction of STUDENT's image, and I release and hold harmless Thomas County Schools, Thomas County Board of Education, its employees, agents, and representatives from any claims based on the unauthorized reproduction or distribution of STUDENT's image.

(Parent/Guardian Initials)

(Student Initials)

By signing below, I acknowledge that I am giving up my right (and if signing as parent or guardian of minor STUDENT, then also giving up STUDENT's right) to recover from Thomas County Schools, Thomas County Board of Education, its members, employees, agents, and volunteers, in a lawsuit for any personal injury or property damage/loss that results from STUDENT's participation in school sports.

Parent Signature Date: _____

Parent Phone: _____

Athlete Signature Date: _____