

Orange County High School

Concussion Protocol Waiver and Opt-Out Form

Student-Athlete Information

- Name of Student-Athlete: _____
- Date of Birth: _____
- Grade Level: _____

Parent/Guardian Information

- Name of Parent/Guardian: _____
- Relationship to Student-Athlete: _____
- Phone Number: _____
- Email Address: _____

1. Concussion Protocols Overview

Orange County High School and its athletic program prioritize the health and safety of all student-athletes. To minimize the risk of concussions, we follow protocols developed based on national standards for assessment, treatment, and management of head injuries, which include Pre-assessment such as ImPact testing, removal from play, medical evaluation, and monitored recovery periods.

2. Opt-Out Acknowledgment

By signing below, I, the undersigned parent/guardian of the above-named student-athlete, acknowledge that I have read and understand the school's concussion protocols. I am voluntarily choosing to opt out of these protocols for my student-athlete. I understand that this decision means that Orange County High School and its representatives will not be responsible for implementing or enforcing any concussion-related protocols for my student-athlete, including, but not limited to:

- Pre-assessment testing using ImPact software.
- Concussion evaluation or testing by school personnel.
- Referral to medical professionals for concussion treatment.
- Adherence to post-injury activity restrictions or monitoring.

3. Assumption of Risk

I acknowledge that participation in athletics involves inherent risks, including the risk of concussions and other head injuries. I am voluntarily assuming all risks associated with my student-athlete's participation in athletics without the protections offered by the school's concussion protocols.

4. Waiver and Indemnification

In consideration for Orange County High School allowing my student-athlete to participate in athletics without adherence to concussion protocols, I hereby agree to the following:

1. I release, waive, and discharge Orange County High School and its administrators, staff, coaches, volunteers, and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, or causes of action that may arise from any injury, including concussions and other head injuries, that my student-athlete may sustain during athletic participation.
2. I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, liabilities, or damages (including legal fees) resulting from my student-athlete's head injuries, concussions, or other health-related issues due to my choice to opt out of concussion protocols.
3. I understand that by opting out, I assume full responsibility for the monitoring, diagnosis, and treatment of any head injuries or concussions my student-athlete may sustain.
4. I agree to provide medical documentation from a qualified health professional to clear my student-athlete to play following a suspected head injury.
5. I understand that Orange County High School has the final say in the decision to allow my student athlete to practice or play after a suspected head injury.

5. Signatures

By signing below, I confirm that I have carefully read and fully understand the contents of this Concussion Protocol Waiver and Indemnification Agreement. I acknowledge that this Agreement is legally binding.

Parent/Guardian Signature: _____

Date: _____

This document does not waive the requirement for medical attention in case of a serious injury. In cases of emergency, school staff will seek immediate medical assistance regardless of this waiver.