

# OUACHITA PARISH HIGH SCHOOL ATHLETICS

## WARNING AND ASSUMPTION OF RISK FORM

Both student and parent/guardian must read carefully and sign.

**SPORT** (Check all that apply)

**BASEBALL**       **BASKETBALL**       **CHEERLEADING**       **CROSS COUNTRY**  
 **DANCELINE**       **FOOTBALL**       **GOLF**       **POWERLIFTING**  
 **SOCCER**       **SOFTBALL**       **SWIMMING**       **TENNIS**  
 **TRACK**       **OTHER: \_\_\_\_\_**

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF SERIOUS INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey all such instruction. I also agree to obey all rules and regulations of the above checked sport(s) which are governed by the LHSAA.

I hereby understand and assume all risks associated with participation in above checked sport(s).

**DATE** \_\_\_\_\_ **STUDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_