

Risk of Injury Statement

I am aware that competing or practicing in any athletic activity can be a dangerous activity involving risk of injury. I understand that the dangers and risks of competing and practicing include, but are not limited to death, neck and spinal injury which may result in complete or partial paralysis, brain damage, injury to any and all bones, joints, ligaments, muscles, tendons, and other aspects of the musculo-skeletal systems and injury or impairment of future abilities to earn a living, to engage in business, social and recreational activities and generally enjoy life.

I acknowledge any and all risks of injury associated with participation in a collision sport such as football, in contact sports such as basketball, baseball, softball, soccer, wrestling, and cheerleading or in non-contact sports such as bowling, golf, cross-country, track, swimming, volleyball, and tennis. Because of the possible dangers of participating in the above-mentioned activities, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

In consideration of the school district permitting me to try out for and to engage in all activities related to the team including but not limited to trying out and practicing or participating in that activity, I hereby assume all risks associated with participation.

Athlete Signature _____ Date _____

The undersigned parent or guardian of the individual who has signed the Physical form and Risk of Injury statement and, considered such risk, gives permission for the student to participate in an extracurricular activity. If I withdraw my permission, I understand that the withdrawal must be in writing and given to the principal as well as to the coach of the particular activity.

I hereby state that, to the best of my knowledge, all answers to the above questions are correct. I also agree to any and all emergency medical treatment as deemed necessary by designated school authorities.

Parent Signature _____ Date _____