

PARENT/ATHLETE CONSENT FOR CONTINUED PARTICIPATION

I hereby knowingly and voluntarily allow _____ to participate in
Name of Athlete
_____ understanding the possibilities of further injury including:
Sport

brain damage, paraplegia, quadriplegia, loss of limb or body part and permanent damage to a body part. I will not hold the school district, its employees, or its contractors (including athletic administrator, trainer and coaches) accountable for any further injury that may occur.

The undersigned Parents certify to the District that they have consulted with a health professional or professionals of their choice concerning the Athlete's injury, and are not relying upon the School District or its employees in making the determination that the Athlete may return to participation in sports.

I have read the above statement and understand it in its entirety.

Parent/Guardian

Athletic Trainer

Activities Director

Coach

I have read and understand the above statement and willfully will participate in

Athlete

Date

AN AUTHORIZATION FROM THE STUDENT'S TREATING PHYSICIAN PERMITTING THE STUDENT'S RETURN TO ATHLETIC PARTICIPATION MUST ACCOMPANY THIS FORM.