

**STUDENT AND PARENT/GUARDIAN ATHLETIC PARTICIPATION
INFORMED CONSENT FORM**

I and my parent(s)/guardian(s) understand that there are dangers and risks of practicing and competing in the sport of my choice. These may include, but are not limited to, sprains and strains, bruises, injury to bones and joints, ligaments, muscles, organs, brain damage, serious neck and spinal injuries leading to complete or partial paralysis and even death. No amount of reasonable supervision, training, or protective equipment can eliminate all risks and dangers.

I/we, the parent(s)/guardian(s) of _____
acknowledge that I/we have been advised, cautioned and warned by
representatives of the _____ School District that
my/our child may suffer serious injury, paralysis or death from participating in the
sport of _____.

I/we understand, am aware and appreciate the above warnings and information.
I/we give my/our consent for my/our child, _____
to participate in the sport of _____ for the
_____ school year.

**I/WE UNDERSTAND THAT THERE IS ALWAYS POTENTIAL RISK OF
INJURY TO MY/OUR CHILD WHILE PARTICIPATING IN SPORTS**

_____ <i>Signature of parent/guardian</i>	_____ <i>Date</i>
_____ <i>Signature of parent/guardian</i>	_____ <i>Date</i>
_____ <i>Signature of student</i>	_____ <i>Date</i>
_____ <i>Witness</i>	_____ <i>Date</i>