

Athletics Consent and Release from Liability

This completed form must be kept on file by the school.

Part 1. Student Acknowledgement and Release (to be signed by student).

I have read the eligibility rules to participate in athletics and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the OSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I release and hold harmless my school, the schools against which it competes, the contest officials and Forest Grove School District of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Forest Grove School District because of any accident or mishap involving my athletic participation. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Student: _____

Name of Student (printed): _____

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic and club sports that I have **not marked out** including all related summer camps and clinics:

Baseball Softball Basketball Bowling Cross Country Tackle Football Golf Soccer Swim Club Tennis Track & Field Volleyball Club Water Polo Wrestling Snowboarding Ski Team Equestrian Team Danceline Cheerleading

Other sports added to this form by school: _____ YOUTH VIKING FOOTBALL CAMP _____

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my child's/ward's school, to Forest Grove School District, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.

E. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and Forest Grove School District of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Forest Grove School District because of any accident or mishap involving the athletic participation of my child/ward.

F. I/we further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

G. I/we understand the Forest Grove School District does not provide medical insurance for student injuries but does offer student accident insurance for voluntary purchase. I have received the information and application for this program.

H. Please check the appropriate box(es):

_____ My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.

Health Plan/Insurance (ie. Regence, Kaiser, Providence, etc.): Group/Policy Number: _____

_____ My/our child/ward is covered by his/her school's voluntary student accident insurance plan.

_____ I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS RELEASE.

Date: _____ Signature of Parent/Guardian: _____ Name of

Parent/Guardian (printed): _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____

9/2005