

*Anyone wishing to view the video may do so by contacting the Head Coach.

**PARENTS/GUARDIANS' Risk Acknowledgement
And Consent to Participation***

NOTE: THE PARENT(S)/GUARDIAN(S) MUST FILL IN ALL BLANKS. PRINT CLEARLY.

Athlete's Name: _____ Date of Birth: _____
My/our child wishes to participate in the sport of _____ in the _____

(School Name)
Sports program during the _____ season. I/we realize that there are risks involved in this participation and
(Year)
attended a group meeting on _____ where these risks were discussed and explained. The meeting was
(Date)
run by _____. We watched the video entitled _____ and
(Name-School Person)
had an opportunity to have all our questions answered. I/we understand that the risks include a full range of
injuries, from minor to severe. I/we recognize the possibility that my/our child might die, become paralyzed, or
suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/we
realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the
sport, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or
prevent all injuries they might sustain. I/we agree to accept these risks as a condition of my/our child's
participation in this program.

**I also realize that my/our child's _____ creates additional risk, and I/we
(Condition)
discussed these risks with the athletic director, coach(es), and the sports medicine provider(s) in a meeting on
_____. They explained to me/us that, because of this condition, the special risks for my/our child are:
(Date)

(List all concerns. If you need more room, write on the back of this form. Write legibly.)

I/we understand these concerns and agree to follow all directions and recommendations of my/our physicians and
sports medicine providers in this program. I/we also agree to accept these additional risks as a part of my/our child's
participation in the program.

Date

Signature

DO NOT SIGN THIS FORM IF YOU HAVE ANY QUESTIONS OR CONCERNS!

*For Use At Group Meeting.

**For athletes with pre-existing conditions that increase risk of injury/illness. If this section does not apply to you,
write "not applicable" in the first space.