

COLVILLE SCHOOL DISTRICT

STUDENT – PARENT/GUARDIAN WARNING & ASSUMPTION OF RISK

It is the school district’s intent to provide any athlete with good instruction, safe equipment, and safe transportation; but we cannot eliminate all risks involved in sports participation. Accidental injury, completely unrelated to any preventable cause, is always possible.

This assumption of risk form is designed to provide the school with a degree of protection. It is not designed to deny the rights of any injured athlete. Our school district provides catastrophic medical insurance coverage to participating students. Participation in WIAA sponsored interscholastic activities are all voluntary and extra-curricular. As a condition to participation in these activities, you and your parent(s)/guardian(s) must understand the risks involved in these kinds of activities.

WARNING

Participation in any athletic activity may involve injury of some type to either yourself or fellow student athlete. Such injury can include direct physical and possibly crippling injury to one’s body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one’s future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Activity injuries can result from the correct or incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises, and other similar undertakings. Injury can also result from failing to follow game, training, safety or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of the warning is to aid you in making an informed decision as to whether you/your child or ward should participate in these activities. In addition, its purpose is to make you aware that a student participant, or as a parent(s) or guardian(s) of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors or other knowledgeable persons about any concerns that you might have at any time regarding participant’s safety.

In consideration of the Colville School District permitting _____ to participate in interscholastic activities and to engage in all areas of these activities, I, the participant, and we, the parent(s)/guardians(s), hereby agree to assume the risks of injury or death associated with the school district’s interscholastic program as outlined in the warning above.

We have read the eligibility requirements for athletic participation as stated in the Co-Curricular Handbook, and by signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for _____ to participate in interscholastic activities directed by the Colville School District.

Date Student’s Signature Date Parent/Guardian Signature

I HAVE READ AND UNDERSTAND THE ATHLETIC CODE. I GIVE COLVILLE SCHOOL DISTRICT PERMISSION TO USE MY CHILD’S PHOTO ON THE COLVILLE SCHOOL DISTRICT WEBSITE.

Date Student’s Signature Date Parent/Guardian Signature

FOR OFFICE USE ONLY

ASB Card Medical Release Insurance: Waived School Physical