

**CHESTERFIELD COUNTY PUBLIC SCHOOLS
HIGH SCHOOL INTERSCHOLASTIC ATHLETICS**

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK
(Both the applicant student and a parent or guardian must read carefully and sign)**

Sports(check applicable box):

- | | | | | |
|-------------------------------------|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Outdoor Track |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> _____ | | | | |

STUDENT

I am aware of playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand the dangers and risks of playing or practicing to play/participate in the above sport(s) may result not only in serious injury but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

Date: _____, 20__

Signature of Student

The following is to be completed only if the sport is football, wrestling, gymnastics, or baseball:

I specifically acknowledge _____ is a violent contact sport involving even greater risk of injury than other sports.

(Initial)

PARENT/LEGAL GUARDIAN

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**, including, but not limited to those risks outlined above and knowingly and voluntarily assume all risk of such injury.

I hereby consent for my child/ward to try out for the sport(s) marked above at _____ High School, and to engage in all activities related to the sport(s), including but not limited to trying out, practicing, or playing/participating in the sport(s).

I hereby waive and release Chesterfield County Public Schools, their employees and agents from any liability for any injury to my child/ward resulting from all activities related to the sport(s) named above. I will be financially responsible for any medical treatment resulting from any injury which occurs while my child/ward is engaging in all activities related to the sport(s) named above, including but not limited to trying out, practice, or playing/participating.

Date: _____, 20__

Signature of Parent or Legal Guardian

The following is to be completed only if the sport is football, wrestling, gymnastics, or baseball:

I specifically acknowledge _____ is a violent contact sport involving even greater risk of injury than other sports.

(Initial)

**CHESTERFIELD COUNTY PUBLIC SCHOOLS
HIGH SCHOOL INTERSCHOLASTIC ATHLETICS
CHESTERFIELD, VIRGINIA**

SCHOOL: _____

STUDENT'S NAME: _____

ATHLETIC ACTIVITIES: _____

CONSENT:

I request that the above named student be allowed to participate in non-mandatory after school athletic activities open to the entire student body of the above school and specifically consent to his/her participation. I give permission for the supervising personnel to obtain emergency medical treatment for the above named student if necessary. I will be financially responsible for any medical attention needed as a result of the student's participation in non-mandatory after school athletic activities.

ASSUMPTION OF RISK:

I have read the description of the activity(s) and understand its contents. I understand that this activity(s) involves risk or injury or harm to my child/ward. I understand that my son/daughter/ward may not be under observation and direct control at all times during his participation in this activity(s). I understand the School Board and its employees will not be financially responsible to me or my child/ward if my child/ward is harmed participating in this activity(s).

In consideration of Chesterfield County Public Schools permitting my child to participate in the activity(s), I hereby assume the risks which may arise by or in connection with the activity(s).

Date: _____ **Parent/Legal Guardian Signature:** _____

Primary Telephone Number _____ **Secondary Telephone Number:** _____