

# MUSCOGEE COUNTY SCHOOL DISTRICT ATHLETICS

## Assumption of Risk & Waiver of Liability

Student: (Please Print)		Home Street Address:		
Date of Birth:	Student Cell Phone: ( ) -	City:	State:	Zip:
School:	Grade:	What sport or activity will the student participate in?		
<b>Parent/Guardian Name:(Please Print)</b>	Parent Cell Phone: ( ) - Parent Work Phone: ( ) -	2nd Parent/Guardian Name/Phone #:		

**EMERGENCY CONTACT – In addition to the Parents / Guardians listed above:**

Name: Relationship: Phone#: ( ) -

**Health Insurance Required**

MCS D requires that all students who participate in athletics provide proof of adequate health insurance. Changes/updates to student insurance coverage must be communicated by a parent/guardian at the time of the change and copies of new insurance information provided to the School Athletic Director.

Name of Insurance Company:	Policy No:
Address:	Group No:

**Student Eligibility to Participate-** We have read and discussed the general requirements for athletic eligibility. We understand that any questions we have should be directed to our student's coach, site-school athletic director, or the building Principal.

**Supervision and Rules -** We understand that the student will be under the supervision and direction of a MCS D athletic coach or other MCS D personnel. We agree to follow the rules of the sport and the instructions of the coach. I acknowledge and agree that enroute to and from, and during this sport activity, the student will be subject to all MCS D disciplinary rules and the MCS D Student Code of Conduct.

**Authorization to Treat and Provision of Information -** I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical, allergy, behavioral, or other needs of the student and authorize MCS D personnel to take any and all actions, medical or otherwise, they believe necessary while the student is under their supervision.

We certify that all of the information provided by us on this form is accurate. We grant MCS D permission and authority to obtain necessary medical care and/or treatment for the student. Treatment may include, but is not limited to first aid, CPR, transport by ambulance, and / or medical or surgical treatment recommended by a physician. We accept the financial responsibility for any such medical care or treatment.

**Transportation –** We request that the student named in this form be transported by the MCS D and authorize such transportation in to practices, competitions, and similar. We freely, knowingly, and willfully accept and assume the risk of injury and even death that is associated with transportation. We understand that transportation may or may not be available through the MCS D. If an MCS D-approved bus or an MCS D-approved charter bus is not available, we understand that transportation will be the parent/guardian's responsibility, and we will arrange for transportation.

**We Assume the Risk of Injury and Waive Claims –** As a lawful parent/guardian of the above-named student, I hereby give permission for the student to participate in the sport or activity listed above. By signing this form, we agree that we have read, understand and agree to the conditions set forth herein:

We acknowledge and understand that there is a risk of injury involved in the sport or activity listed above. We acknowledge and understand that neither the MCS D nor the coach can eliminate this risk of injury. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that can occur from participation in the sport named above.

In exchange for being allowed to participate, we acknowledge and agree to release the MCS D, its officers, employees, agents, Board members, and volunteers from and against any claim which we, another parent, any sibling, the student, or any other person may have, whether known or unknown, from any liability for damages, losses, or injuries, whether physical or mental, arising out of, or occurring as a result of the student participating in this sport or activity. We shall not bring any claims, demands, or causes of action for any losses, whether economic or non-economic, due to personal and/or emotional injury or death sustained by the student, and we further agree to hold harmless, release, discharge, defend, and indemnify the MCS D from any and all such claims.

I acknowledge and agree that any revocation of permission given by this form can only be in writing and must be delivered to the appropriate school officials to be effective.

**We, the undersigned student and parent/guardian, have read this document and understand all of the expectations for athletic participation at my school.**

<b>Student Signature:</b>	<b>Printed Name:</b>	Date:
<b>Parent/Guardian Signature:</b>	<b>Printed Name:</b>	Date: