

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Name: _____

Date of Birth: _____

I wish to participate in athletics during the _____ academic year. I understand that participating in athletics can be dangerous and that there are genuine and serious risks to anyone who engages in athletic activity. Due to the nature of sports and physical activity, I understand that the risks involve, and may include, without limitation, a full range of injuries including catastrophic injury resulting in permanent paralysis, brain injury or death.

I knowingly assume responsibility for any and all such risks and any and all such injuries. In furtherance thereof, I do voluntarily choose to participate in this sport and accept this risk as a condition of my participation.

My signature below indicates that I have read this entire document and understood it completely.

Date

Athlete's Signature

Date

Parent/Guardian's Signature