

**Athlete Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

## Perrydale Athletics Consent and Release from Liability

This completed form must be kept on file by the school.

### Part 1. Student Acknowledgment and Release (to be signed by Student).

I have read the eligibility rules to participate in athletics and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the OSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parents/guardian(s), I release and hold harmless my school, the schools against which it competes, the contest officials and Perrydale School District and its employees, volunteers and board of any and all responsibility and liability for any injury or claim resulting from such athletic or mishap involving my athletic participation and agree to take no legal action against Perrydale School District and its employees, volunteers and board because of any accident or mishap involving my athletic participation. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness and injury become necessary. I understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE FOR ALL ATHLETICS OFFERED THROUGH PERRYDALE SCHOOL.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### Part 2. Parental/Guardian Consent, Acknowledgment and Release (to be completed and signed by parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/We hereby give consent for child/ward to participate in the following interscholastic and club sports that I have marked.

Baseball      Softball      Basketball      Track and Field      Tackle Football      Volleyball      Powder Puff      Grid Iron Volleyball

Other sports added to this form by school: \_\_\_\_\_

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my child's/ward's school, to Perrydale District, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward. I/we further hereby authorize the use or disclosure of my child's/ward's individual identifiable health information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.

E. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and Perrydale School District and its employees, volunteers and board of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Perrydale School District and its employees, volunteers and board because of any accident or mishap involving the athletic participation of my child/ward.

F. I/we further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

G. I/we understand the Perrydale School District does not provide medical insurance for student injuries. For information on how to purchase insurance through "Healthy Kids" of Oregon please contact the office.

Please check the following:

\_\_\_\_\_ My/our child/ward is covered under our family health insurance plan.

\_\_\_\_\_ My/our child/ward is covered by the Oregon Health Plan.

\_\_\_\_\_ I/we have no health insurance for our child

**If you check this it is strongly encouraged that you see the office for instructions on how to have your child/ward covered.**

I/WE HAVE TEAD THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE FOR ALL ATHLETICS OFFERED THROUGH PERRYDALE SCHOOL.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Printed: \_\_\_\_\_

Date: \_\_\_\_\_