



# Permission and Acknowledgement of Risk – Interschool Athletics

F 6-08B

## Elements at Risk

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, the risk of injury may increase.

Injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening.

These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

A student choosing to participate in physical activities assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

## Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by (student name) \_\_\_\_\_, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Declaration

I/We have read and understand the notices of Elements of Risk and Student Accident Insurance. I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident insurance coverage.

I/We give permission for my son/daughter/ward to try out/participate on the \_\_\_\_\_ team during the school year.

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

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_