



**ASSUMPTION OF RISK AGREEMENT TO HOLD HARMLESS AND EMERGENCY RELEASE FORM**

As the parent/legal guardian of the athlete named here \_\_\_\_\_ (athlete's name), I/We understand that playing or participating in any sport can be a dangerous activity involving risks of injury, which may be serious. By signing below, the athlete and parent/legal guardian hereby assume all risks associated with participation and agree to hold Academy School District 20, the school, camp organization and their agents, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind. By signing below, the athlete and parent/legal guardian confirm that the athlete has been deemed physically able to participate in athletic activities by a physician. Additionally, by signing below, the athlete and parent/legal guardian, in the event of a medical emergency in which the parent/legal guardian cannot be reached, grant permission to the physician selected by the school to hospitalize and secure proper treatment (including surgery) for the athlete and verify agreement to assume all costs for such treatment.

Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. The parent/legal guardian and athlete agree to abide by all district/school/camp rules and comply with the reasonable authority of the staff.

**This form applies to the following sport/camp/activity:** \_\_\_\_\_

**Parent/Legal Guardian:** Parents/Guardians who do not wish to accept the risks described in this warning should not sign the permission form.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Athlete:** Athletes who do not wish to accept the risks described in this warning should not sign the permission form.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

**-Please return this form and maintain a copy for your records-**

<b><u>FOR OFFICE USE ONLY</u></b>			
Physical Date _____	Paid _____	IC _____	Transcript _____