

THE SCHOOL DISTRICT OF NEWBERRY COUNTY

Parents'/Guardians'/Athlete's Risk Acknowledgement

Student Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My/Our child wishes to participate in the athletics program at \_\_\_\_\_.  
(name of school)

I/We understand that there may be risks involved with this participation and will schedule a meeting with the school's athletic director/team coach who can answer questions that we may have regarding concerns associated with risks and extracurricular activities.

I/We understand that the risks involved include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in the athletics program. I/We understand that neither the protective equipment and padding used in this sports program, the safety rules and procedures of the various sports, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries that he/she might sustain. I/We agree to accept these risks as a condition of my/our child's participating in the program.

**Additional or Special Conditions Risk Acknowledgement**

**(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write "not applicable" or "N/A" in the first space.)**

I understand that my/our child's \_\_\_\_\_ creates additional risks,  
(condition)

and I/we discussed these risks with the athletic director, coach(es), and the sports medicine provider(s) in a meeting on \_\_\_\_\_. They explained to me/us that, because of this condition, the special risks for my/our child are as follows (list all concerns, if you need more room write on the back of this form):

\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-

I/We understand these concerns and agree to follow all directions and recommendations of my/our physicians and sports medicine providers in this program. I/We also agree to accept these additional risk as a part of my/our child's participation in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Athlete