



Form
6145.2(b)

PARENTS AND/OR LEGAL GUARDIANS
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM

| | | |
|--------------------------|-------------|-------------|
| PARTICIPANT: | | BIRTH DATE: |
| ADDRESS: | | |
| PARENT/GUARDIAN: | | |
| HOME PHONE: | WORK PHONE: | CELL PHONE: |
| PARENT/GUARDIAN ADDRESS: | | |
| PARENT/GUARDIAN: | | |
| HOME PHONE: | WORK PHONE: | CELL PHONE: |
| PARENT/GUARDIAN ADDRESS: | | |

My/our child wishes to participate in the sport(s) of (list all)

_____ during the _____ school year.

I/We will realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational and to generally enjoy life. I/We have been informed about the various risks associated our child's participation in the above listed sports and the potential injuries that may occur.

I/We will assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

| | |
|----------------------------------|-------|
| PARENT/LEGAL GUARDIAN SIGNATURE: | DATE: |
| PARENT/LEGAL GUARDIAN SIGNATURE: | DATE: |

By entering my full name, I attest that this constitutes my legal electronic signature on this form.