



ATHLETIC RISK ACKNOWLEDGEMENT

Student Athlete's Name: _____ Date of Birth: _____

My/our child wishes to participate in the athletic program at _____.

I/We understand that the risks include a full range of injuries, from minor to severe. We recognize the possibility that my/our child might die, become paralyzed or suffer brain damage or other serious, permanent injury from participation in this sports program. I/We realize that neither the protective equipment and padding used in athletic programs, 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 he/she might sustain. I/we agree to accept these risks as a condition of my/our child's participation in this program.

In consideration for my/our child's participation in the program, I/we hold harmless and release the School District of Newberry County Schools and its employees, agents, coaches, volunteers, and trustees, from all present and future liabilities, expenses, damages, losses, injuries, judgements, and claims, of whatsoever, in equity or law, which I/we or my child may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by my/our child in the program.

ADDITIONAL OR SPECIAL CONSIDERATIONS RISK ACKNOWLEDGEMENT

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

- I also realize that my/our child's _____ creates additional risks and I/we have discussed these risks with the athletic director, coach(es), and the sports medicine provider(s).
Notes/Explanations/Recommendations- should be attached to this form
- I/we understand these concerns and agree to follow the directions and recommendations of my/our physicians and sports medicine providers in this program. I/we also agree to accept these additional risks as part of my/our child's participation in the program.

I/we understand that the School District of Newberry County provides a supplemental, secondary, full excess benefit plan and may not cover all medical expenses, through ADL Risk Services, LLC. Injuries must be reported to a school representative in a timely manner, so that a Student Accident Form (SAF) may be completed by the school.

I/we understand if the student/athlete is injured during an athletic related event, no matter the insurance type, it is the responsibility of the parent/guardian to submit all claims/SAF to ADL. Parents should NOT rely on others to ensure that the SAF is submitted, they should submit the SAF themselves and keep a copy. The remaining balance for medical care will be our responsibility, not the responsibility of the School District of Newberry County, or an individual school/athletic department.

Date

Signature of Student Athlete

Date

Signature of Parent/Guardian