



**INFORMED CONSENT FORM RE: CLUBS AND ACTIVITIES BASED ON A SPORT,
DANCE OR EXERCISE ACTIVITY
OR
FOR A PROJECT THAT REQUIRES USE OF GARDENING OR SHOP TOOLS.**

Student Name: _____ *Birth Date:* _____

School: _____ *Grade:* _____

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the advisor and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that clubs and activities that are based on a sport, dance or exercise activity OR a project that requires use of gardening or shop tools involves certain inherent risks, dangers and hazards associated with participation, which include, but are not limited to: muscular strains; bruises; scratches; scrapes; broken bones; dislocations; sprains; head injuries; concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; fractures; and which may also include other serious bodily injuries necessitating long term care and significantly impairing enjoyment of life or life activities. An inherent risk, danger and hazard associated with participation could even be death.

(Student Initial)_____ (Parent Initial)_____

We accept and understand that certain activities such as tumbling and stunting carry with them a greater inherent risk of injury.

(Student Initial)_____ (Parent Initial)_____

We understand that the inherent risks of this club/activity cannot be eliminated without jeopardizing the essential qualities of the club/activity. We have reviewed the risks and we still desire to participate in the club/activity and voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in such club/activities.

(Student Initial)_____ (Parent Initial)_____

We understand that protective equipment is recommended for the safety and protection of participants in some clubs/activities, and the student agrees to wear such equipment when participating in such clubs/activities. However, we understand that wearing such equipment will not eliminate the risks of participation.

(Student Initial)_____ (Parent Initial)_____

We certify that (Student Name) _____ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this club/activity.

(Student Initial)_____ (Parent Initial)_____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)_____

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial)_____ (Parent Initial)_____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial)_____

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT CLUB/ACTIVITY BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

Student name (please print)

Student signature

Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT CLUB/ACTIVITY. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

Parent/guardian name (please print)

Parent/guardian signature

Date