**WASHOE COUNTY SCHOOL DISTRICT**

**MIDDLE SCHOOL REGULAR SEASON AND OFF-SEASON**

**SPORT/CONDITIONING PARTICIPATION PERMIT**

**AGREEMENT TO OBEY INSTRUCITONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS**

Instructions to Student and Parent/Guardian:

Please read both the STUDENT and PARENT/GUARDIAN provisions of this form. Sign, date and return this form.

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in an off-season sport/conditioning program include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

In consideration of the Washoe County School District permitting me to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend, and hold the Washoe County School District, its Trustees, employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in a regular season or off-season sport/conditioning program.

I fully understand that participation in an off-season program does not guarantee me a position on a team and/or a place in the starting line-up. I have not been pressured by a coach to participate nor have I been informed that this off-season program is a requirement in order to be a member of said team.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

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Signature of Student Date

PARENT/LEGAL GUARDIAN

I affirm that I am the lawful parent/legal guardian of the previously mentioned student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have read the student warning and release and understand its terms. I understand that all sports can involve **RISK OF INJURY,** those risks outlined in the **Student** section above. I also certify that my child/ward has no ailment or organic defect that would make participation in a sporting activity dangerous to his/her health.

In consideration of the Washoe County School District permitting my child/ward to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby expressly relieve, indemnify, save, and hold harmless the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage suffered or incurred by said child/ward as a result of the acts, omissions, or conduct of any person other than the negligence of the Washoe County School District while said child/ward is participating in this activity.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

**I fully understand that participation in an off-season does not guarantee my child/ward a position on a team and/or a place in the starting line-up.**

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

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Signature of Parent/Guardian Date