**USD #483 SOUTHWESTERN HEIGHTS**

**ATHLETIC PARTICIPATION**

**ASSUMPTION OF RISK**

There are many special benefits being offered to student-athletes through the athletic programs in USD #483 schools. It must be understood that participating in athletic activities may lead to injury to student-athletes. Therefore, the purpose of this form is to make all student-athletes and parents aware that dangers do exist and that participation is voluntary with the understanding that risks are involved. It is to be further understood that student-athletes must share in the responsibility for their own safety and the safety of others as each participates in the district athletic program.

The student-athlete participating in the athletic program could mildly, moderately, or severely injure the body’s muscles, tendons, ligaments, bones, skin, teeth, and/or any vital organs. Catastrophic injuries such as death and permanent paralysis may also occur during sports participation. There is no absolute prevention against any of the mentioned potential injuries.

**ACKNOWLEDGMENT OF RISK**

By signing below, you acknowledge that you have read the assumption of risk statement and that you are aware that there is a possibility that you may suffer mild, moderate, or severe injury, including paralysis or death, due to participation in athletic activities. You further acknowledge any injury incurred may cause lifelong disability to joints, muscles, ligaments, tendons, and any of the vital organs.

You are required to sign below acknowledging the above statements.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student-Athlete Date

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Date