

**ASSUMPTION OF RISKS AND RELEASE FOR FOR ATHLETIC PARTICIPATION
WCUSD #1 2019-20**

(Name of Student)

(Birth date)

(Grade)

has permission to participate in: _____.

Golf, Football, Track, Bass Fishing, Volleyball, Cheer, Basketball, Baseball, Softball, Cross Country (circle all sports the student will participate in this school year). I hereby ASSUME ALL THE RISKS OF INJURY OR DEATH associated with athletic participation in the sports circled. I hereby RELEASE Waltonville Community Unit 1 School District, its employees, agents, representatives, coaches and volunteers from liability for all personal injuries which may be incurred by participation in the sports circled above. This form shall also serve as an ASSUMPTION OF RISKS AND A RELEASE for my heirs, estate, and for all members of my family resulting from any negligence in connection with participation in the School District's sports program. I agree if any of this ASSUMPTION OF RISKS AND RELEASE FORM is held void, the remainder shall continue in full force and effect.

EMERGENCY INFORMATION

Parent/Guardian Name 1 _____ Phone _____

Parent/Guardian Name 2 _____ Phone _____

Address _____ City/State/Zip _____

Work/Message phone _____

Medical Insurance Co. _____ Policy Number _____

Name of Physician to be called for emergency _____ Phone _____

Year of last physical examination _____ Blood type if known _____

Allergies or medical conditions to be aware of _____

Has an EPI-PEN been prescribed by a physician? _____

Person to contact if you cannot be reached in an emergency:

Name _____ Relationship _____

Phone _____ Address _____

WARNING

Participation in athletics is a voluntary, extracurricular activity. Participation in any activity may involve the risk of serious permanent injury of some type. Such an injury can include direct physical and possible crippling, injury to one's body and the possibilities of emotional injury experienced as a result of witnessing or actually inflicting injury to another person. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. The use of transportation provided or arranged by the school district to and from athletic events and other related activities also involves the risk of injury or death.

WCUSD #1 does not provide athletic insurance coverage for participation in athletics. It is the responsibility of the student or his or her parents to provide appropriate insurance.

We have read the WCUSD #1 Assumption of Risks and Release form for Athletic Participation and understand and agree to its contents.

(Student Signature)

(date)

(Parent/Guardian Signature)

(date)