

GREENVILLE COUNTY SCHOOLS



PARENTS'/GUARDIANS'/ATHLETE'S Risk Acknowledgement

Athlete's Name: _____ Date of Birth: _____

My/Our child wishes to participate in the athletic program at _____ high school.
(name of school)

I/We realize that there are risks involved in this participation and attended a group meeting on _____
(date)

where these risks were discussed and explained. The meeting was run by _____.
(name of school person)

We had the opportunity to have all our questions answered.

I/We understand that the risks include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in athletics 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 Greenville County Schools and its employees, agents, coaches, volunteers, trustees, and USA Football, Inc., from all present and future liabilities, expenses, damages, losses, injuries, judgments, and claims, of whatsoever, in equity or at 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 CONDITIONS Risk Acknowledgement

(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write "not applicable" or "NA" in the first space.)

I also realize that my/our child's _____ creates additional risks and
(condition)

I/we discussed these risks with the athletic director, coach(es), and the sports medicine provider(s) in a meeting on _____. They explained to me/us that, because of this condition, the special risks for my/our child are (List all concerns. Should you need more room, write on the back of this form. Write legibly.):

I/we understand these concerns and agree to follow all directions and recommendations of my/our physicians and sports medicine providers in this program. I/we also agree to accept these additional risks as a part of my/our child's participation in the program.

Date

Signature of Parent/Guardian

Date

Signature of Athlete/Participant