

Helix Charter High School

**THIS FORM MUST BE RETURNED TO THE HEAD COACH
BEFORE STUDENT CAN PARTICIPATE
RELEASE TO PARTICIPATE**

(Both the Applicant Student and Parent
or Guardian Must Read Carefully and Sign)

Name of Student

Sport/Activity

Participation in the identified athletic/sport activity **IS VOLUNTARY AND IS NOT REQUIRED** as part of the regular school program. We hereby give our permission for our student to participate in the identified sport activity. We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death, as a result of participation in sport activities. We are aware that participating in any athletic/sport activity can be a dangerous activity involving **MANY RISKS OF INJURY. We acknowledge that medical providers have notified us our child has a known genetic condition that increases risk of heart failure and that participation in sports increases risk of severe injury or death.** We understand the dangers and risks of playing or participating 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 internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and or aspects of the skeletal system and serious injury or impairment to other aspects of our student's body and/or well being. We understand that the dangers of sport activities may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

We recognize the importance of following the instructor's instructions regarding safety, following instructions, and other rules, etc., and agree to obey such instructions. We specifically acknowledge that **SPORT ACTIVITIES INVOLVES STRENUOUS ACTIVITIES** involving even greater risk of injury, especially with a known genetic condition that increases the risk of injury or death, than other non-strenuous activities.

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE and HOLD HARMLESS** the Helix Charter High School from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Helix Charter High School from all liability includes any defect or alleged negligence attributed to the Helix Charter High School, or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) (to be initialed by the student and parent or guardian)

Date: _____

Student Signature _____

I, _____, being the parent/legal guardian of _____ (student). I have read the above release. I understand and agree to its terms. I understand that sport activities can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Date: _____

Parent/Legal Guardian Signature _____

Date: _____

Student/Athlete Signature _____