

**FOR THE PARENTS/GUARDIANS AND STUDENTS**

By signing below, I state that I have read and understand the following:

1. I hereby give my permission to an authorized school official to obtain medical attention for my child in case of injury or illness.
  
2. I give consent for my child to engage in State Association approved athletic activities as a representative of his/her school. In consenting to give permission for my child to participate, I understand that sports participation can involve many RISKS OF INJURY. I understand that dangers and risks of playing or practicing to play in athletics 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 all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my child's body, general health, and well-being. I also understand that the dangers and risk of playing or practicing to play may result not only in serious injury but also in a serious impairment of my child's abilities to earn a living, to engage in other business, social, and recreational activities and generally to enjoy life.
  
3. Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc.

**I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREEMENT TO OBEY INSTRUCTIONS, AND ASSUMPTION OF RISK.**

_____	_____	_____	_____
<b>Signature of Parent/Guardian</b>	<b>Signature of Student</b>	<b>Grade</b>	<b>Date</b>

INSURANCE: All participants in athletics must have some type of family health/accident insurance coverage or must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the athletic office.

- A. \_\_\_\_\_ My child is covered by a family health/accident insurance plan.
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- B. \_\_\_\_\_ I will purchase the alternate health/accident policy available through the Indianola Community School.

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<b>Signature of Parent/Guardian</b>	<b>Date</b>