

**CARSON CITY SCHOOL DISTRICT HIGH SCHOOL OFF-SEASON
SPORT/CONDITIONING PERMIT**

**AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS IN ATHLETICS.**

Instructions to Student and Parent/Guardian:

Please read both the Student and Parent/guardian provisions of this form. Sign, date, and return form to the responsible coach.

STUDENT

I am aware playing or practicing to play/participate in any sport can be dangerous activity involving MANY RISKS OF INJURY, I understand that the dangers of risks of playing or practicing to play/participate in an off-season sport/conditioning program include, but not limited to, death, serious neck and spinal injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, serious injury or impairment to other aspects of the body, general health, and well-being. I understand that the dangers and risks of playing or practicing to play/participate in an off-season sport/conditioning program may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and team rules, etc., and agree to obey such instructions.

In consideration of the Carson City Schools District permitting me to participate in on off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend and hold the Carson City School District, its Trustees, employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in an off-season sport/conditioning program

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student

Date

Print Student Name

PARENT/GUARDIAN

I affirm that I am the parent/legal guardian of the previously mentioned student. I have read the student warning and release and understand its terms. I understand that all sports can involve RISK OF INJURY, including, but not limited to, those risks outlined in the STUDENT section.

In consideration of the Carson City School District permitting my child/ward to participate in an off/season sport/condition program and to engage in all activities related to said program, I hereby agree to indemnify, defend, hold the Carson City School District, its Trustees, its employees, agents, representatives, coaches, and volunteers harmless from any and whatsoever related to an off-season sport/condition program.

I certify that my child/ward has no ailment or organic defect that would make participation in a sport activity dangerous in his/her health. I also certify that there is a current physical on file with the school clearing my child/ward to participate in an off-season/condition program.

A STUDENT MUST BE COVERED BY INSURANCE TO PARTICPATE (EITHER FAMILY COVERAGE OF INSURANCE PURCHASED FROM THE SCHOOL).

CHECK APPROPRIATE BOX.

- Family Insurance
- School Insurance

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

BECAUSE WE WILL BE USING AN OFF CAMOUS FACILITY (WAREHORSE, ETC.) ANY DAMAGE DONE TO THIS FACILITY BY YOUR CHILD WILL BE YOUR FINANCIAL AND LEAGAL RESPONSIBILTY.

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

Signature of Student

Date

Print Student Name

HEALTH INFORMATION FOR PARTICIPANT

I certify my child/ward has no ailment or organic defect that would make participation in a sport activity dangerous in his/her health.

A PARTICIPANT MUST BE COVERED BY INSURANCE TO PARTICIPATE (EITHER FAMILY COVERAGE OR INSURANCE PURCHASED FROM THE SCHOOL). Please provide health information below.

Insurance Company Name _____
Insurance Company Address _____
Policy/ID Number _____
Policy Holder Name _____
Relationship to Participant _____
Allergies _____
Medication used during activity i.e., inhaler: _____

PARTICIPANT'S LAST NAME _____ **FIRST NAME** _____
ADDRESS _____

AGE _____ GRADE _____

PARENT/GUARDIAN NAME _____
ADDRESS _____

CELL _____ HOME _____ WORK _____

EMERGENCY CONTACT NAME _____
ADDRESS _____

CELL _____ HOME _____ WORK _____

I have read and will adhere to the Carson City School District's and Carson High School's AGREEMENT TO OBEY INSTRUCTIONS, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

If an off-campus facility is used, any damage done to the facility by your child will be your financial and legal responsibility.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date