



but not limited to, the risk of sprains, fractures and ligament or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

- 7) I recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc. and I agree to obey such instructions.
- 8) I, along with my parents, certify that we will read the Fergus High School Activities Policies in the Activities Handbook, that my parents will attend a tobacco, drug and alcohol meeting at Fergus High School where the policies will be explained, and that in order to be eligible for participation I must comply with all requirements listed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YEAR IN SCHOOL:**    7    8    9    10    11    12

- 9) I hereby certify and affirm that I am the parent or legal guardian of the above student athlete. I understand that all sports can involve many risks of injury including, but not limited to, those risks outlined above. I hereby assume all risks of playing and practicing to play/participate for the above student.
- 10) I further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sports supervisors and coaches, from and against any claim which the above named student, I, and other parent or guardian, and sibling, or any other person, from or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation by the above named student. I understand by signing this warning, agreement to obey instructions, and assumption of risk. I am waiving all rights that the above named student, I, or any other person may have to compensation for physical injury that may result from participation by the above named student.

**Name of Insurance Company:** \_\_\_\_\_

**EMERGENCY MEDICAL SERVICE STATEMENT:**

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE