

**ASSUMPTION OF RISKS AND RELEASE FORM FOR ATHLETIC PARTICIPATION  
Marshfield High School, Millicoma School and Sunset School 2016-2017**

\_\_\_\_\_  
(Name of student) (Birth date) (Grade) (School)

has permission to participate in: \_\_\_\_\_.

Football, Volleyball, Cross-country, Cheer/Dance Team, Basketball, Wrestling, Track (circle all sports the student will participate in this school year). I hereby ASSUME ALL THE RISKS OF INJURY OR DEATH associated with athletic participation in the sports circled. I hereby RELEASE Coos Bay School District, its employees, agents, representatives, coaches and volunteers from liability for all personal injuries which may be incurred by participation in the sports circled above. This form shall also serve as an ASSUMPTION OF RISKS AND A RELEASE for my heirs, estate, and for all members of my family resulting from any negligence in connection with participation in the School District's sports program. I agree if any part of this ASSUMPTION OF RISKS AND RELEASE FORM is held void, the remainder shall continue in full force and effect.

**EMERGENCY INFORMATION**

Parent/Guardian Name 1 \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name 2 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Work/Message phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Physician to be called for emergency \_\_\_\_\_ Phone \_\_\_\_\_

Year of last physical examination \_\_\_\_\_ Blood type if known \_\_\_\_\_

Allergies or medical conditions to be aware of \_\_\_\_\_

Has an EPI-PEN been prescribed by a physician? \_\_\_\_\_

Person to contact if you cannot be reached in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**WARNING**

Participation in athletics is a voluntary, extracurricular activity. Participation in any activity may involve the risk of serious permanent injury of some type. Such injury can include direct physical and possible crippling, injury to one's body and the possibilities of emotional injury experienced as a result of witnessing or actually inflicting injury to another person. The severity of such injury can range from minor cuts, scrapes or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. The use of transportation provided or arranged by the school district to and from athletic events and other related activities also involves the risk of injury or death.

Coos Bay School District does not provide athletic insurance coverage for participation in athletics. It is the responsibility of the student or his or her parents to provide appropriate insurance.

We have read the Coos Bay School District's Assumption of Risks and Release form for Athletic Participation and understand and agree to its contents.

\_\_\_\_\_  
(Student signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)