



## **Athletic Consent and Waiver**

I am aware that participating in any sport or physical education class involves risk of injury. I understand that the dangers of playing sports 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 internal organs, serious injury to teeth, bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of the body, general health and well-being.

I also understand that there is the possibility of loss of or damage to contact lenses, glasses, and dental/orthodontic appliances. I am willing to take the risks involved and assume responsibility for replacement of the above should they be lost or broken.

In spite of the above risks, I want my child to participate in sports. I give permission for my child to participate in all sports and physical education activities sponsored by the School, except for any that I may list below.

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Parent/Guardian Signature

Date