

This completed form must be kept on file by the school.

**Part 1. Student Acknowledgement and Release (to be signed by student).**

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics. I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Student (Printed)

Signature of Student

Date

**Part 2. Parental/Guardian Consent, Acknowledgement and Release of Liability**

(to be completed and signed by all parents/guardians; if divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I/we have **not marked out**:

Boys Sports: Baseball, Basketball, Bowling, Cross Country, 11-Man Tackle Football, Golf, Lacrosse, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting, Wrestling

Other sports added to this form by school: \_\_\_\_\_

Girls Sports: Basketball, Bowling, Cross Country, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting

Other sports added to this form by school: \_\_\_\_\_

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With the full understanding of the risks involved, I/we, for ourselves and for our child/ward, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the Martin County School Board, its members, officers, employees, agents, representatives, insurers and assigns (referred to as "releases"); from all liability to the undersigned, his/her, parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we, for ourselves and for our child/ward, HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. In addition, I/we grant the releases the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

E. Please check the appropriate box(es):

- My/our child/ward is covered under our family health insurance plan which has coverage limits of not less than \$25,000. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_
- My/our child is covered by his/her school's activities medical base insurance plan.
- I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

White: School Athletic Office

Yellow: Coach

Pink: Parent

An Equal Opportunity Agency