

Loudoun County Public Schools

Division of Athletics

Student Agreement to Participate and Parental Consent



WARNING AND ACKNOWLEDGMENT OF RISK
READ CAREFULLY BEFORE SIGNING

I, *(Print student name)* _____, understand that participation in the **LCPS Athletic Program** is voluntary and not required. I am aware that participating in athletics can be dangerous and involve **MANY RISKS OF INJURY**. I understand that the danger and risks of participating in the athletic program include, but are not limited to death, serious head, neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious problems to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and major injury or impairment to other aspects of my body, general health and well-being. I further understand that the dangers and risks of participating in the athletic program may result not only in injury, but in a serious impairment of my future abilities to earn a living, to engage in business, social and recreational activities, and generally to enjoy life.

Because of the possible dangers of participating in the athletic program, I recognize the importance of following the applicable instructor's, coach's, and trainer's instructions regarding the relevant athletic program techniques, training, rules of participation, etc., and I agree to obey such instructions.

In consideration of Loudoun County Public Schools permitting me to participate in the athletic program, and to engage in all activities related to the program including, but not limited to, travel off school premises, I hereby acknowledge the risks associated with participation.

Signature of Student

Date

I, *(Print adult name)* _____, am the parent/legal guardian of *(Print student name)* _____. I have carefully read the above **Warning and Acknowledgment of Risk** statement and understand its terms. I understand that participation in the athletic program is voluntary and can involve **MANY RISKS OF SERIOUS INJURY**, including, but not limited to, those risks outlined above. I further understand that Loudoun County Public Schools does not provide medical or accident insurance for student injury or illness and that proof of insurance coverage is required for my child/ward's participation in the LCPS Athletic Program. In consideration of this understanding, I hereby consent and grant permission for the above named student to participate in and to engage in all activities, including travel off of school premises, related to the Loudoun County Public Schools Athletic Program.

I have read and kept a copy of this **Agreement to Participate and Parental Consent** and the accompanying letter from the Principal or Athletic Director. Therefore, I acknowledge the potential risks of serious injury and the responsibilities of my child/ward while participating in the LCPS Athletic Program.

I also consent and authorize for my child/ward to receive first aid, emergency medical care, and all other medical treatment deemed reasonably necessary to his/her health and well-being in case of injury or illness while participating in LCPS Athletic Program activities and understand that **I will be responsible for expenses incurred.**

Signature of Parent or Legal Guardian

Date

Return this original signed form to your student's school and keep a copy for your records.