I, (Print student name) ____________________________, understand that participation in the
LCPS Athletic Program is voluntary and not required. I am aware and agree that participating in
athletics can be dangerous and involve MANY RISKS OF SEVERE 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, concussions,
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 LCPS 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, transportation
and travel off school premises, I hereby acknowledge the severe 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 SEVERE INJURY or death,
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 transportation and 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 LCPS Athletic Program documents and handbook. Therefore, I acknowledge the potential
risks of severe 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.