

Loudoun County Public Schools
Division of Athletics and Extracurricular Activities



Parent/Guardian Consent and Student Agreement to Participate

WARNING AND ACKNOWLEDGMENT OF RISK
READ CAREFULLY BEFORE SIGNING

I, *(Print student name)* _____, understand that participation in the **LCPS Middle School Intramural Sports** is voluntary and not required. I am aware and agree that participating in intramural sports can be dangerous and involve **MANY RISKS OF SEVERE INJURY**. I understand that the danger and risks of participating in middle school intramural sports 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 middle schools intramural sports 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 to generally enjoy life.

Because of the possible dangers of participating in the LCPS Middle School Intramural Sports, I recognize the importance of following the applicable supervisor's, school staff's, and officials' instructions regarding the relevant athletic program techniques, training, rules of participation, etc., and I agree to obey such instructions.

In consideration of Loudoun County School Board/Loudoun County Public Schools permitting me to participate in the Middle School Intramural Sports Program and to engage in all activities related to the program including, but not limited to, transportation and travel off school premises, and competitions at LCPS Facilities and non-LCPS facilities, I hereby acknowledge and accept the severe risks associated with participation.

Signature of Student

Date

I, *(Print parent/guardian 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 Middle School Intramural Sports program is voluntary, not required, 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 School Board/Loudoun County Public Schools does not provide medical or accident insurance for student injury or illness and that proof of insurance coverage is optional for my child/ward's participation in the LCPS Middle School Intramural Sports 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, and competitions at LCPS Facilities and non-LCPS facilities involved with the Loudoun County Public Schools Middle School Intramural Sports Program.

I have read and kept a copy of this **Parent/Guardian Consent and Student Agreement to Participate** and the accompanying LCPS Middle School Intramural Sports documents and handbook. Therefore, I acknowledge and accept the potential risks of severe injury and the responsibilities of my child/ward while participating in all activities of the LCPS Middle School Intramural Sports 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 Middle School Intramural Sports Program activities and understand that **I will be responsible for any medical related expenses incurred.**

Signature of Parent/Legal Guardian

Date

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