



# Assumption of Risk

Student's Name: \_\_\_\_\_  
Last First M.I.

## Assumption of Risk & Permission to Treat

I am aware that playing or practicing to play/participate in any sport or sport related activity could be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in sports or sport related activity include, but are not limited to: death; serious neck and spinal injuries that may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, other aspects of the musculoskeletal system and vital organs; and serious impairment to other aspects of the body, general health, and well-being. I understand the dangers and risks of playing or practicing to play/participate in any sport or sport related activity may result not only in serious injury, but in serious impairment of my (the participant's) future abilities to earn a living; to engage in other business, social, and recreational activities; and generally enjoy life. Because of the dangers of playing or practicing to play/participate in any sport or sport related activity, I recognize the importance of following the coach's, official's, and medical staff's instructions regarding playing techniques, training, other team rules, etc., and agree to obey such instructions.

As the parent/ legal guardian of the above named participant, I have read the above warnings and release, and understand its terms. I hereby agree to hold the Newton County School System, its direct and contracted employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever that may arise by or in connection with participation of my child in any activities related to Newton County School System activities. The terms hereof will serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **Football** and **Wrestling** are collision sports that involve and even greater risk of injury than contact sports: Basketball, Baseball, Cheerleading, Soccer, Softball, and Volleyball which involve greater risk of injury than non-contact sports: Track & Field, Tennis, Cross Country, Air Riflery and Golf.

\_\_\_\_\_  
Student's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date