

PARENT CONSENT FOR PARTICIPATION, ASSUMPTION OF RISK & RELEASE

Please read this form carefully and be aware that participation in the athletics/activities program(s) for which your child is being registered entails, like participation in all recreational activities, certain risks which cannot be entirely eliminated despite due care exercised by Woodlawn USD #209 staff in conjunction with such program(s).

I hereby give my consent for my child to participate in the athletic/activities program(s). I understand that appropriate precautions are taken to protect program participants. However, I also recognize and acknowledge that there is a degree of risk that my child may sustain personal injury, illness or damage to property in the course of partaking in such activities, and that Woodlawn USD #209 cannot guarantee risk-free recreational experiences to program participants. I further acknowledge that my child could be exposed to someone who may be incubating communicable illnesses or other diseases, including but not limited to COVID-19 (Coronavirus), and who may be capable of spreading disease to others during participation. I nonetheless desire to procure the benefits of recreation for my child, and accordingly consent to his/her participation in the athletic/activity program and agree to assume any and all risks and dangers associated with his/her participation.

I agree to emergency treatment of my child by a physician or hospital in the event I cannot be reached, and I understand that Woodlawn USD #209 does not cover or insure participants for any types of medical costs.

I hereby fully release and discharge Woodlawn USD #209 and its officers, agents, servants and employees from any and all claims for injury, illness, disease, damage, loss or death which I may have or which may accrue on account of my child's participation in the program(s). I further agree to indemnify and hold harmless Woodlawn USD #209 and its officers, agents, servants and employees from any and all claims and expenses, including attorney's fees, resulting from injury, illness, disease, damage, loss or death sustained and arising in any way out of my child's participation in said programs.

Student Name: _____ **Student D.O.B.** _____

Parent/Guardian Acknowledgement and Agreement

Parent/Guardian Signature

Date