

WYOMING VALLEY WEST SCHOOL DISTRICT

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

(Both the applicant student and a parent or guardian must read carefully and sign.)

SPORT (check applicable box):

- | | | | | |
|-----------------------------------|--|---------------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Field Hockey |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming & Diving |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Wrestling |

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY** depending on the sport or nature of the activity. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions.

In consideration of the Wyoming Valley West School District permitting me to try out for the _____ team
(indicate sport)

and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participation and agree to hold the Wyoming Valley West School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the

_____ team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor,
(indicate sport)
administrator, assignees, and for all members of my family.

DATE: _____

(SIGNATURE OF STUDENT)

PARENT

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve **RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of the Wyoming Valley West School District permitting my child/ward to try out for the

_____ team and to engage in all activities related to the team, including, but not limited to
(indicate sport)

trying out, practicing, or playing/participating in _____ I hereby agree to hold the Wyoming Valley
(indicate sport)

West School District, its 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 which may arise by or in connection with participation of my

child/ward in any activities related to the _____ team. The terms hereof shall serve as a
(indicate sport)

release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

DATE: _____

Signature of Parent or Legal Guardian