INDEPENDENT SCHOOL DISTRICT 16
ATHLETIC PARTICIPANTS ASSUMED RISK AGREEMENT

NOTICE: We ask that you read this document very carefully. It concerns the potential for injury that may occur as a result of participation in various athletic activities. It also addresses medical coverage and protective mouth guards. Its purpose is to increase your awareness of the kind of injuries that can happen and in no way indicates an increase in the severity or number of injuries that occur in District 16 Athletic activities. *Both student athlete and parent or legal guardian must read carefully and sign.*

SPORT (Please check appropriate activities)

_____Baseball	_____Boys/Girls Golf	_____Boys/Girls Swimming
_____Boys/Girls Basketball	_____Girls Gymnastics	_____Boys/Girls Tennis
_____ Boys/GirlsNordic Skiing	_____Boys/Girls Hockey	_____Coed Track and Field
_____Football	_____Boys/Girls Soccer	_____Volleyball
_____Dance Team	_____Softball	_____Wrestling
_____Cheer Team	_____Weight Training	_____Adapted Softball
_____Coed Cross Country	_____Adapted Floor Hockey	_____Adapted Soccer

I understand that participation of any nature in an athletic activity offered by District 16 can be dangerous and involves the RISK of potential serious injury. I understand these risks, especially those involving contact sports, could involve death, serious head, neck, of spinal injuries which may result in partial or complete paralysis. In addition, injuries may occur which effect all or any part of skeletal, muscular, visual, and circulatory systems or may impair my general well being. Such injury could seriously affect my future ability to earn a living or to live a full and productive life.

The use of protective mouth guards is required for all participants in hockey and football. The use of protective mouth guards is strongly recommended in the sports of volleyball, soccer, basketball, wrestling, baseball, and softball. The decision on whether to use a mouth guard is the recommended activities rests with the participant and guardian. For the safety of the participant in these activities the Independent School District 16 Athletic Department strongly recommends the use of mouth guards.

I understand and am willing to accept responsibility to provide medical insurance protection while a participant in District 16 activities. This may be done by either purchasing an optional medical policy or by having your own medical plan provider. We further understand that in event we fail to provide such coverage all expenses related to injury while participating in District 16 activities will be our responsibility.

I have read and fully understand the risk potential indicated above.

_____ _____
(Date) (Signature of Student)

_____
(Signature of Parent of Legal Guardian)