

Council Bluffs Community School District
Assumption of Risk and Consent to Participate Form

By its nature, participation in interscholastic athletics includes risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and coaches' instructions, report all physical problems to their coaches and/or trainer, follow a proper conditioning program, and inspect their own protective safety equipment daily.

This form does not release the school district from any negligence, however, by signing this form, we understand that there is always potential risk of injury to the participant. **Parents or Students who DO NOT wish to accept the risks described above should not sign this consent form.**

I hereby give my consent for X _____ (print student/participant name):

1. To represent his/her school in approved athletic activities except those not approved by the examining medical doctor;
2. to accompany any school team of which he/she is a member on its local or out-of-town trips;
3. to receive, through a team physician, athletic trainer, or other qualified personnel of the school's choice, emergency medical care/first aid treatment that may become reasonably necessary in the course of such athletic activities or such travel.
4. to have a licensed physician or surgeon conduct a pre-participation **Physical Examination** and submit it to the school.

Parent/Legal Guardian

Signature: _____ Date: _____

As a student participant I understand my participation is **voluntary** and a **privilege**, not a right and therefore also agree to all **Academic Eligibility** requirements, Good Conduct requirements, and Sportsmanship rules. **Failure to abide by these requirements and rules jeopardize my eligibility to participate.**

Student-Participate

Signature: X _____ Date: _____

Insurance Release

It is Iowa law that a student participating in interscholastic competition must be covered by an accident/health insurance policy.

_____ Our son/daughter IS COVERED by an accident/health plan with _____ Insurance Company.

_____ Our son/daughter IS NOT COVERED by an accident/health insurance policy, and we will purchase the student accident insurance plan made available by the school district. We understand this policy provides a number of plan options. We intend to choose one or more of the options. Plan and payment must be received prior to participation.

X _____

Parent/Legal Guardian Signature

Date
