Consent Form INFORMED CONSENT FORM RE: WEIGHTLIFTING

| Student Name: | Birth Date: |
|---|---|
| School: | Grade: |
| We accept and understand that the sport of weight and hazards that may cause serious personal injury necessitating long term care and significantly. We accept and understand that the above-described limited to: concussions; serious neck and spinal partial paralysis; brain damage; blindness; serious all bones, joints, ligaments, muscles and tendons; fractures, may occur as a result of participating in the | ry, including death, severe paralysis or brain y impairing enjoyment of life or life activities. d injuries and other injuries, including but not injuries potentially resulting in complete or injury to all internal organs; serious injury to contusions; dislocations; sprains; strains; and |
| We understand that the inherent risks of this sport essential qualities of the sport. We have review appreciate them and still desire to participate in the (Student Initial) (Parent Initial) | yed all of these risks and we understand and activity. |
| We certify that (Student Name)physical conditions which could interfere with or this activity. (Student Initial) (Parent Initial) | compromise his/her safety in participating in |
| I authorize qualified emergency medical profession or serious illness, to administer emergency medical (Parent Initial) | |
| In the event it becomes necessary for school districted above-named student, we understand that necessary for the expenses incurred and/or unforeseen circumstances. (Student Initial) (Parent Initial) | ither the staff member nor the school district urred because of the accident, injury, illness |
| I certify that my household has sufficient medical care or resultant care for any injury that may be sus (Parent Initial) | - |

| | FULLY UNDERSTAND THE F VOLUNTARY SCHOOL DIS I CERTIFY THAT I HAVE R | RISKS ASSOCIATED STRICT ATHLETIC | |
|--|---|----------------------------------|--|
| Student name (please print) | Student signature | Date | |
| HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE. | | | |
| Parent/guardian name (please print) | Parent/guardian signature | Date | |