

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

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

SPORT: (**Student MUST circle all sports he/she will participate in.**)

Baseball	Cross Country	Soccer	Track	Swimming
Basketball	Football	Softball	Volleyball	Spiritleader
Bowling	Golf	Tennis	Wrestling	

STUDENT

I am aware that playing or practicing to play/participate in any sport can be dangerous in nature involving **MANY RISKS OF INJURY**. 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 bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, 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 sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and do agree to obey such instructions.

In consideration of the Clark County School District permitting me to try out for the _____ High School teams circled 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 the risks associated with participation and agree to hold the Clark County 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 _____ High School (indicate sport/sports) _____ team/teams. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

The following to be completed if sport is
baseball, football, soccer, softball, or wrestling:

I specifically acknowledge that _____ (indicate sport)
is a **PHYSICAL CONTACT SPORT** involving even greater risk of injury
than other sports.

X _____ (Initial)

Date _____, 20____

X

Signature of Student

(over)

PARENT

In consideration of the Clark County School District permitting my son/daughter to try out for the _____ High School _____ (indicate sport/sports) team 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 the risks of my son/daughter associated with participation and agree to hold the Clark County 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 his/her participation in any activities related to the _____ High School _____ (indicate sport/sports) team.

The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I have read and understand the risks as detailed in the student section of this agreement on the opposite side of this form.

The following to be completed if sport is
baseball, football, soccer, softball, or wrestling:

I specifically acknowledge that _____ (indicate sport) is a **PHYSICAL CONTACT SPORT** involving even greater risk of injury than other sports.

X _____ (Initial)

Date: _____, 20 ____

X _____
Signature of Parent/Guardian