

Permission form for Sports Participation

Student's Name (Please Print) _____

I hereby give my consent for the above named student to represent Bolton High School in school sponsored sporting events.

I give my permission for the above named student to participate in high school sports, realizing that such activities involve the potential for injury. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observations of rules, injuries are still a possibility. On rare occasion these injuries can be severe and result in total disability, paralysis, and even death.

I hereby acknowledge that Bolton High School has a basic catastrophe accident medical policy. I acknowledge that I have primary medical coverage on the above student with medical benefits.

I am aware that high school sporting events will require off campus travel and I hereby give my permission for my son/daughter to travel to all off campus meets, either by bus or any approved means of transportation. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I believe the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put themselves or others in dangerous situations.

I agree not to hold Bolton High School, its leaders, employees or volunteer staff liable for damages, losses, diseases or injuries incurred by the subject.

As the parent/guardian of _____, I have reviewed the information and I request the subject of this release to be allowed to participate in all the planned activities except _____, (insert N/A if there are no exceptions).

Date

Signature of parent or guardian

Signature of Student or participant

Waiver form for Sports Participation

It is the Clinic Director's desire to make this clinic as safe as possible, and his hope that no accidents or injuries will result. But in any activity where athletics are involved, in a sport as competitive in nature as wrestling the possibility of injury exists.

Therefore, we are asking that a parent or guardian release the Clinic Director, Bolton High School, and Shelby County Board of Education from all liability from injury from your child's participation in this clinic.

I, _____ accept full responsibility for _____
[parent's name] [athlete's name]

during this clinic and realize that neither Bolton High School, Shelby County Board of Education or any other individual associated with this clinic can be held liable for any accident or injury that might occur to him during this clinic.

[parent's name]

Home#

Work#

Cell#

[Emergency phone]